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(1) Thorn, G. W., Quimby, J. T., and Marshall, C., Jr., Ann. Int. Med. 18:913 (June) 1945.
(2) Orent-Keiles, E., and Hallman, L. F., Circular No. 825, United States Department of Agriculture, Bureau of Human Nutrition and Home Economics, Agricultural Research Administration, Dec., 1949.

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Nursing World

SEPTEMBER, 1950
Volume CXXIV No. 9

Cover: Theresa G. Muller, Associate Professor and Chairman, Department of Psychiatric Nursing, at the Boston University, discusses the Detective and Preventive aspects of Mental Disorders. Read Complete story page 408.

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Letters to the Editor

The Editor welcomes letters from our readers on all subjects of interest to nurses. The Editor is not responsible for opinions expressed. Name will be used, unless requested otherwise, but name and address must always be included in each letter.

EXPRESSES APPRECIATION

Dear Editor:

The coverage your magazine gave the annual conference of the American Association of Industrial Nurses was excellent. I am sorry that I missed a couple of issues of the magazine and it was not until recently that I saw the issue carrying the conference highlights.

The picture of our Continental Can Company nurses was good and I would appreciate it if your circulation department would send me two issues of the June number. I would like to see that our Head Office and Division Offices see the way the material was used. Our attendance at meetings depends on the representation at meetings and the effective result on the job. We appreciate good public relations of the type you used.

May I say that each of us on the A.A.I.N. Board of Directors enjoyed the courtesy you extended us at the conference. We appreciate cooperation from management groups for our efforts on behalf of the people whose health we guard, but we are both humble and grateful when the courtesy includes the nurses.

It is our wish that this pleasant relationship may continue.—Thelma J. Durham, R.N., Memphis 2, Tenn.

FINDS ARTICLES INTERESTING

Dear Editor:

I like the Trained Nurse Magazine very much and have gained much knowledge from reading it. It keeps you well advised and up to date with all interesting facts in the nursing profession.

Wishing you success with your magazine "The Nursing World."—Sarah Jane Smith, R.N., Youngwood, Pennsylvania.

LIKES GROUP DYNAMICS

Dear Editor:

Your articles have been excellent and I have been using references in my field, operating room work. I would like to see articles on group dynamics and on communication. There is a great need for a world of communication in Nursing Education and group dynamics.—Bertha K. Zenn, Pittsburgh, Pennsylvania.

LIKES NEW TITLE

Dear Editor:

I wish to express my reaction to your new name—The words "NURSING WORLD" summarize modern nursing which is universal and global. The old word "trained" implies dictatorship which quarrels with our American ideals respecting the Creator's gift to every man—an intellect, a free will, and a right to exercise it.—Sarah Corry, Portland, Oregon.

FAVORABLE COMMENTS

Dear Editor:

May I say that I have heard many favorable comments concerning *The Nursing World*, and its progressive presentation. Sincere best wishes for long continued advancement and success.—Jane F. Linker, R.N., Denver, Colorado.

TREASURES FORMER TITLE

Dear Editor:

Our deep appreciation to you for the lovely cover picture of Miss June Reynolds, and for the write-up, with pictures of a day in her life here, which appears in the July number of *The Nursing World*.

The new title of your magazine gives its professional program comprehensive scope. However, we will always treasure the former title—The Trained Nurse and Hospital Review.

The faculty and the students of our school join me in wishing you continued success in every way.—Mary Price Smith, Dallas, Texas.

MORE ON NEW TITLE

Dear Editor:

I am glad that the title of the magazine is being changed. There are a few too many people, who still think there is no difference between a trained nurse and a registered nurse. The word "trained" has always irked me because it gives only half of the meaning of what is involved in the education of nurses.

At the University of Buffalo, where I did post graduate work several years ago, the professors were pioneering for the use of "nursing education" in place of "nurse's training." It would please me to read a really good editorial or article on this subject one day.—Mrs. Duncan Case, R.N.

"A MUST FOR ANY R.N."

Dear Editor:

I have always enjoyed the entire magazine and have used some of the ideas. The Trained Nurse is a must for any R.N., in my opinion.—Naomi Lee Day, R.N., Burgettstown, Pennsylvania.

Published Oct. 1949 — A New Student Text

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By **Florene C. Kelly**, Ph.D., Assoc. Prof. of Bacteriology, University of Oklahoma; Formerly Asst. Prof. of Biology, Simmons College, Boston

and **K. Eileen Hite**, Ph.D., M.D., Recently Asst. Prof. of Bacteriology, University of Chicago

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News for Nurses

Factual Report on the Present Status Of Psychiatric Nursing Is Now Available

Under the National Mental Health Act, the National Institute of Mental Health, Public Health Service, Federal Security Agency, authorized a training grant to the National League of Nursing Education and the National Organization for Public Health Nursing for the purpose of assisting with a statement of desirable qualifications for all mental hygiene and psychiatric nursing personnel.

In order to do this, it was necessary for the National League of Nursing Education to obtain factual information about the present status of psychiatric nursing in the United States and territories. Before attempting to gather this information, the number and location of active psychiatric nurses had to be determined.

Each psychiatric nurse had to complete a questionnaire, if a true and complete overall picture was to be obtained. Therefore, an inventory of active professional, registered psychiatric nurses was begun on February 1, 1950.

In April 1950, about 12,000 one page questionnaires were mailed to approximately 500 directors of psychiatric facilities in the United States and territories for distribution to their staffs of psychiatric nurses. The data obtained from these questionnaires has been compiled in statistical tables, along with a description of the methods and procedure followed to establish an inventory of active psychiatric nurses.

The information, in approximately 100 tables, includes the sources of data or participating institutions; general information, such as age groups, sex, location of psychiatric nurses by states and types of institutions; general education and basic nursing background; type and length of advanced professional education and clinical experience; and the number of psychiatric nurses interested in enrollment in an advanced psychiatric nursing program.

This report of the Psychiatric Nursing Project, available in October, gives a factual picture of the present status of psychiatric nursing.

New Cancer Program to Start at Teachers College—The First Project to Be Given on University Level

Better nursing for cancer patients is the purpose of an $11,016 grant by the National Cancer Institute of the United States Public Health Service to the cancer nursing program at Teachers College, Columbia University. Dr. R. Louise McManus, director of the college's division of nursing education, announced recently.

The program financed by the grant is designed to provide graduate nurses, nursing instructors and public health nurses with the newest techniques and information on cancer nursing. These nurses will then be better equipped to teach student nurses and help spread information on cancer control and detection through health centers.

Approximately 150 nurses who are preparing for work in community health agencies or who will teach in nursing schools and hospitals, are expected to participate in some phase of the program when it starts in September.

The program, the first project of its kind to be given on a university level, has been growing since it started in 1946. It is under the immediate direction of Katherine Nelson, a member of the college staff and former director of the de-

(Continued on page 400)

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News For Nurses

(*Continued from page 398*)

partment of nursing education at Memorial Hospital.

To meet the needs of all participants, the program is set up to include a series of courses in cancer nursing for nurses functioning in different fields of nursing as well as the cancer nursing specialist. A course in surgical nursing, for instance, will include instruction on cancer nursing problems encountered in that field.

This program enables nurses interested in general practice and those specializing in particular areas to acquire skill and information that can immediately be applied to their nursing work. The psychological problems of cancer patients and the use of newer drugs and radiation equipment on various kinds of cancer will be included in these courses.

Clinical work will be particularly geared to developing experience and skill in giving nursing care to patients with different types of cancer. Nurses will be able to observe the use of newer therapeutic agents, such as isotopes and radioactive elements. The hospital to be used for clinical studies will be announced later, Dr. McManus said.

Cancer control will be included in a Teachers College course for public health supervisors who have assumed an increasingly significant role in educating the general public. The development of community campaigns to keep the public informed on facilities available for the detection and treatment of cancer is a major aspect of this program. The rehabilitation and care of cancer patients at home is also included.

Movies, field work and slides will augment lecture and discussion sessions. Field experience is planned at agencies and cancer detection centers in the Hospital for Joint Diseases; Mt. Sinai Hospital; New Haven Hospital, New Haven, Conn.; Bridgeport Hospital, Bridgeport, Conn., and the Brooklyn Cancer Information Center.

Nurses interested in particular phases of cancer nursing will observe the neoplastic service at Montefiore Hospital and radiation treatment at Bellevue and Memorial Hospitals. The American Cancer Society, the New York State Department of Health and the National Cancer Institute of the Public Health Service are cooperating with the program.

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Inquiries should be directed to Mr. Norman A. Durfee, Administrator for Personnel Services, National Headquarters, American National Red Cross, Washington 13, D. C.

Our Health Record For First Half of 1950

Never in the country's history have health conditions been so favorable than during the first half of 1950, the statisticians of the Metropolitan Life Insurance Co. report. This is shown by the experience among the company's millions of industrial policyholders, for whom mortality was the

(*Continued on page 410*)

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By Catherine Jones Witton, Associate Professor of Biology, Simmons College, Boston. McGraw-Hill Series in Nursing. 1950. 692 pages, 6 x 9, 210 illustrations $4.50

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References: 1. West. J. Obst. & Gynec., 51:150, 1943
2. Clin. Med. & Surg., 46:327, 1939
3. J. A. M. A., 128:498, 1945
4. Am. J. Obst. & Gynec., 48:510, 1944
5. Am. J. Obst. & Gynec., 46:259, 1943
6. Med. Rec., 155:316, 1942
7. Med. Rec. & Ann., 35:851, 1941

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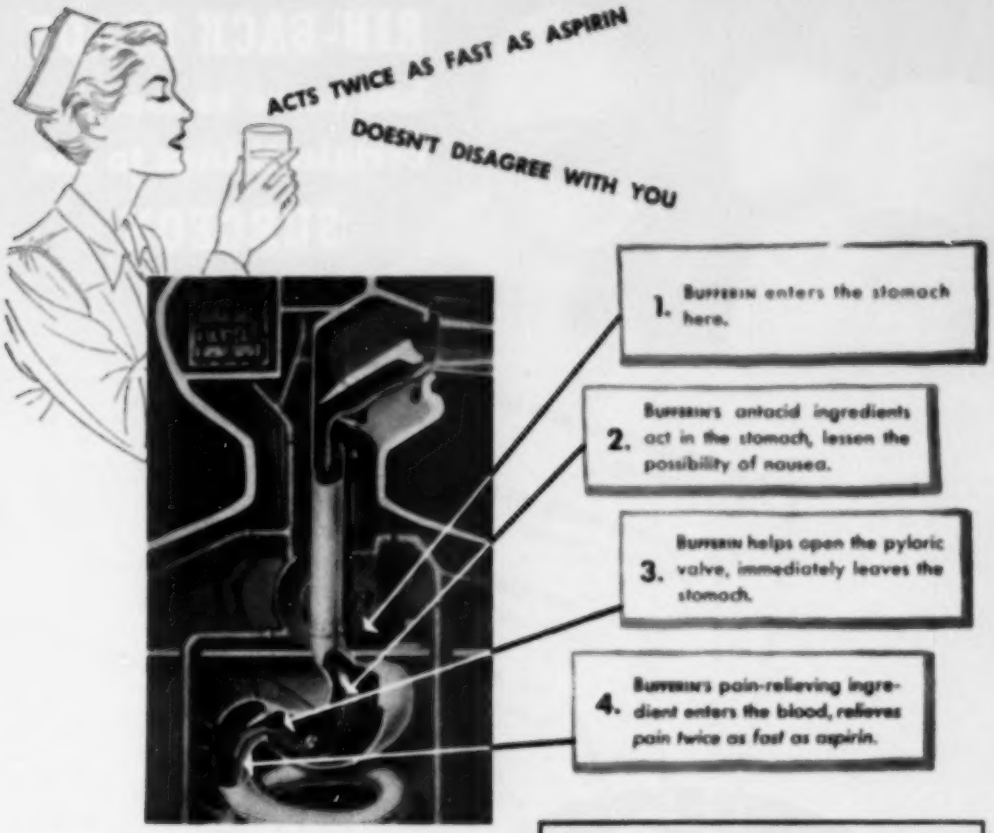

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1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharmaceutical Assoc., Scientific Ed. 39:21, Jan. 1950.

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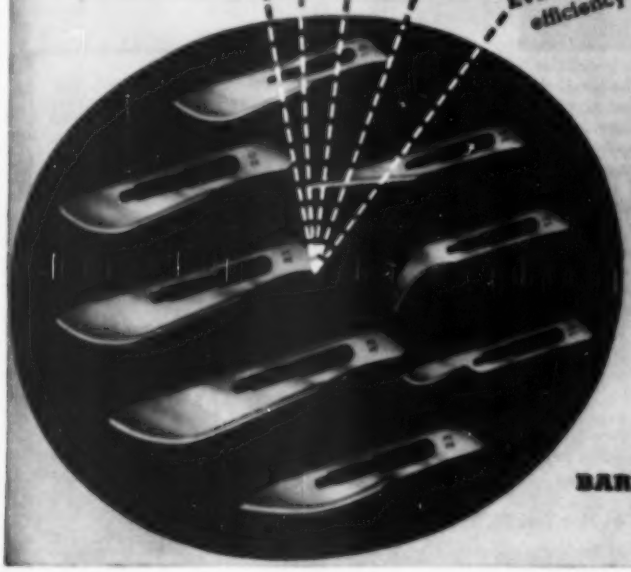

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What a Revision of Curriculum Can Do

to Provide More Clinical Experience for Student and Better Nursing Care for the Patient

by Sylvia M. Barker, Nursing Arts Instructor
Michael Reese Hospital School of Nursing, Chicago, Ill.

NEW trends in nursing education, scientific discoveries, and recent techniques in medicine and surgery contribute to the constant need for curriculum revision. It became evident early this year that the course, "Introduction to Nursing Arts" was in need of this kind of reevaluation and revision.

In order to implement such studies and constant revision, a Curriculum Committee of the faculty of a school of nursing is an essential standing committee. In this school, its duties have been outlined as follows: "This committee shall evaluate and recommend curriculum content, promote correlation of theory and practice, suggest curriculum revision and assist in the organization of course materials."[1]

Upon the recommendation of this committee a subcommittee was formed to study the present nursing arts course and to recommend changes. The changes were to be compatible with the educational standards of the school, and were to include the recommendations of the various bodies by which the school is accredited, specifically, the National Nursing Accrediting Service, the Department of Registration and Education of the State of Illinois, and the Regents of the University of the State of New York, as well as the requirements of the University of Illinois with which it is affiliated in a degree program.

How the Subcommittee Worked

This subcommittee consisted of the nursing arts instructor, the science instructors, the associate director in charge of nursing education, and the director of clinical instruction.

The greatest change involved an attempt to increase the number of hours devoted to clinical experience during the 6 months of the freshman (preclinical) term. This change was necessary in order to meet the credit requirements of the affiliation program of the University of Illinois. The area from which time could be safely taken for this purpose seemed to be the hours devoted to lecture and demonstration.

Certain criteria were established to be used in judging each item in the course, to determine if it could be safely omitted from the course, either completely, or by transferal to another course: These criteria were:

1. Is the material presented elsewhere in the curriculum?
2. How frequently is a given procedure actually performed in the hospital ?
3. Is the procedure one which can be classified as an emergency one and one which the student might be called upon to perform when working alone prior to presentation in another part of the curriculum?

The course was examined very carefully. Examples of the findings follow:

Material presented in the first unit, "The Environment of the Patient" on water supply, sewage, waste, and control of vermin is included in detail in the course "Public Hygiene."

Certain diagnostic procedures such as specific kidney function tests and routines for preparation for X-ray examinations, and certain therapeutic procedures such as the artificial pneumothorax, thoracentesis and abdominal paracentesis could be included in the course in Medical-Surgical nursing which immediately follows the nursing arts course.

Several procedures could be completely omitted since they are not commonly used. They were the flaxseed poultice, mustard plaster, hot tub bath and hot pack.

By so rearranging the course, it became possible to increase the number of hours of clinical experience from 4 hours to 6 hours a week after the 9th week of the course.

As a result of the elimination of certain lecture hours, it became evident that it would be possible to complete the formal classroom presentations in nursing arts by the 24th week of the program, at which time longer periods of clinical experience under the supervision of the nursing arts instructors could be arranged.

More Clinical Experience

The committee feels that this period of more concentrated clinical experience during the later weeks of the freshman term will be valuable to the student as an orientation to her clinical experience. Longer periods of time spent with the patient should familiarize the student with the patient and her day as a whole.

It is planned that supervised experience in some of the more advanced procedures, i.e. administration of medicines, care of the isolated patient, and catheterization of the female, will be provided the student at this time.

By providing for the performance of these specific procedures, skill and proficiency may be gained at this time which will, it is hoped, relieve the student of some of the emotional stresses inherent in first performances and assist

(Continued on page 427)

Please Note

The story of What a Revision Curriculum Can Do is the first educational project in a series of three to be reported by committees of the Senior Faculty, Michael Reese Hospital School of Nursing, Chicago, Illinois.

This material is presented with the idea that it may be of both interest and help to those who are concerned with planning and revising curricula pertaining to these particular areas.

Next month, the second article, on Clinical Instruction as an Integrating Factor in the Correlated Program, will be presented.

1. *Constitution and By-Laws of Michael Reese Hospital School of Nursing Faculty Organization. 1948, p. 4.*

The Contribution of the Nurse in of Mental

by Theresa Grace Muller, R.N., M.A.

EVERY nurse is an essential part of any community health service. By collaboration and co-operation with professional and nonprofessional members in a common purpose, she is in a strategic position to play an important role in advancing the science of human relations.

In proportion to the degree of her understanding of the dynamics of the foundations of human behavior, she may contribute to the promotion of wholesome living, and further discriminate between behavior which signifies a limitation of a quality of life and that which is a forerunner of a mental illness.[1]

Mental illness is now our number one public health problem. A public health problem is noted when a disease is widespread, serious in its effects, and so costly to the individual that public assistance is required. By these criteria, mental illness has for some time taken precedence over all other morbidity groups.

However, its recognition as a public health problem may be considered as recent as July 1946, when the National Mental Health Act provided for action in three related fields: the training of mental health personnel, the improvement and expansion of community health services, and increased research into mental and nervous disorders. For some forty years, the National Committee for Mental Hygiene has been making significant contributions. Recognition of the mutual concern has brought together in three international conferences representatives from many countries. The newly organized World Health Organization is becoming an important unifying force.

We may note that "Today public health is a goal, not merely a program participated in by a selected group of persons . . . . . not is public health nursing the sole prerogative of that small group of the profession calling themselves public health nurses."[2] Therefore, nurses in general and specialized hospitals and public health nursing services contribute to each other parts of the whole which make therapy meaningful and prevention increasingly possible.

Positive Approach Helpful

Any nurse who establishes a positive relationship with a patient becomes an effective agent in initiating and maintaining good attitudes toward health which tend to make the patient receptive to other relevant contributions to his welfare. Generally, this measure of good nursing and of the mature nurse is not new. However, the elements upon which good relationships are founded increasingly are becoming consciously identified for the professional preparation of every nurse.

Pertinent selections from the social sciences are contributing not only the knowledge necessary to the nurse who thereby may increase her psychological skills, but also the research tools for her collaboration with others in a mutual problem.

Though the nurse in the hospital is generally concerned with the therapeutic aspects and the nurse in another community health service with the preventive aspects, no absolute division exists between prevention and therapy of a mental disorder.

In any nursing service, prevention may be the redirection of a patient's morbid preoccupation into worthwhile channels, or it may be the accepting attitude of a nurse whose mature, psychological development creates the atmosphere which generates the healing forces within a patient and thus aborts the progress of a minor emotional problem toward a more serious mental disorder.

No absolute division exists between the evaluation of certain kinds of behavior approximating a mental disorder and the emotional reactions to any life situation which is unduly frustrating or deprives the person of essential biological or social needs.

The negation of illness does not thereby eliminate it, while accepting and understanding the clinical entity may clarify the basis for effective detection and prevention.

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Miss Muller has held numerous positions in the various branches of Nursing ranging from Staff Nurse to Associate Professor of Nursing. Her professional experiences include: Supervisor and Instructor in Psychiatric Nursing, for six years, at the Bloomingdale Hospital School of Nursing; 1918-1919, she was Staff and Charge Nurse (Neuropsychiatric Division) Army Nurse Corps; 1921-1922, Supervisor of Dr. Brooks Sanatorium, Rye, New York; she also did Private duty nursing for two years.

In addition to this work, Miss Muller did District Nursing, Metropolitan Life Insurance Co., and Henry Street, New York, for one year; Case Work with Physicians and at Teachers College, Columbia University, 1927-32.

Following this, she became Assistant in Psychiatric Education and served in this capacity for one year. For four years, she was Director of Health Education at the New College, Teachers College, Columbia University.

She also served as Assistant Professor of Nursing and Supervisor and Instructor in Psychiatric Nursing at the Russell Sage College of Nursing, Albany, New York, from 1938-1943.

From 1943-1948, she was Assistant Professor of Psychiatric Nursing and Coordinator of Field Experience in Psychiatric Nursing at the Catholic University of America, Washington, D. C. Since 1948, she has acted as Associate Professor of Nursing at the Boston University.

the Detection and Prevention

Disorders

Further differentiation may be noted of the anxieties and resultant behavior from obstruction to gratification of the normal drives for organic comfort which are closely associated with the social needs for security, love, affection, self-esteem, and dependence.

By analogy, a professionally oriented person understands the bases for compensation, overcompensation, and decompensation of a cardiac disease in relation to a particular person and awareness of the innumerable implications may contribute to the prevention of the disease in some persons.

However, for others the reality of a condition makes necessary reliance on measures for the alleviation and arrest of undue symptoms or further complications instead of provision for complete prevention or restoration.

How Factors Are Differentiated

The nurse learns to distinguish these factors by association with the degrees and kinds of clinical manifestations in particular persons, and by collaboration with the members who are related to her in a particular organization whether in a hospital, industry, or public health nursing service.

Thus she becomes discriminating in her detection of relevant aspects for prevention, alleviation, and cure, and contributes effectively to these according to her ability at any given time and by knowing how to draw on others for appropriate aid in matters which are not within her province.

In any clinical area, communication is dependent upon a common vocabulary and there is no exception in the field of mental illness which is concerned with disturbed human relationships. As nurses we need also to understand that definitions alone will not clarify the terms which have emotional significance and convey meanings modified by inevitable repressed traumatic emotional experiences operating as unconscious motivating forces or *dynamisms*.

The mental health aspects of all nursing depends upon an informed profession which acknowledges sources and resources within and outside itself to give appropriate types of experiences for the preparation of nurses according to selected objectives for a particular stage and kind.

Whether in general or specialized clinical areas in basic or advanced programs of study, written and spoken formulation aid mutual understandings when these are tested out in common practice. Thus may be avoided confusion of meanings attributed to other contexts and the danger of isolation from effective communication.

For example, *compensation* is a term with meaning according to a specific context. As in the foregoing consideration of cardiac disease, and among others, it may explain a person's reaction when striving to overcome unwelcome feelings of *inferiority* and inadequacy.

Such behavior is normal or abnormal according to the degree of self-awareness of a person and the other personality characteristics which contribute to self-direction within the limits of a particular environment.

A concept of the normal in human behavior is never a static entity and changes to accord with meanings attributed to different times and places. We need to acquire ability to see below the surface of a social criteria of adaptability which influences the appearance of good adjustment and thus fails to disclose the inner tensions and anxieties.

The degree of a nurse's self-awareness modifies the integration and unification of her personality and this may be noted in spontaneous, whole-hearted action, and in ability for discriminating evaluation of behavior.

A concept of mental disorder is no more readily acquired than a concept of physical disorder. The psychological, physiological, and physical symptoms and signs are normally found in all of us, but in a mentally ill person they are in such degree and in such combination as to render the person unable to make

Please Note

EVERY NURSE CONTRIBUTES to the promotion of wholesome living. In proportion to the degree of her understanding of the dynamics of the foundations of human behavior she becomes increasingly able to distinguish between behavior which indicates a limitation of a quality of life from that which is a forerunner of a mental illness.

In this issue "The Contribution of the Nurse to the Detection and Prevention of Mental Disorders" is the first of a series of articles on this important area in nursing.

The October issue will give further consideration of the dynamics of human relationships in nursing through the clarification of the meanings presented in a recent workshop: Aspirations: Why we set certain goals; Status Quo: Why we want others to be Unchanging; Reflections: Why we see ourselves in others; Stereotypes: Why we Predetermine what others should be; and Inspiration, Why we Achieve Insights.

The November issue will report on the Applications of these subjects in the seminars on the driving forces of human nature which affect the human relations of nurses with patients, co-workers, in the guidance of students of nursing, and in personnel work.

The December issue will carry a message—Nursing: A Way of Life—to nurses graduating into the maturing nursing profession in the second half of this century, whether the commencement is from an advanced program of study in a University or from the full life of progress in growth in professional activities.

Because many questions are inevitable, Miss Muller will answer these in subsequent issues of NURSING WORLD personally or through collaboration with professional members who are mutually concerned.

adequate adjustments to daily life.

Although the psychogenic bases for some physical illnesses (such as gastric ulcer, hypertension and asthma) are now acknowledged, other factors long established by medical science also need to be distinguished.

An unhappy, insecure person who is on an excellent diet may show signs of malnutrition; while another person may be unhappy and insecure because of malnutrition from an inadequate diet, or physical causes which interfere with proper digestion and assimilation of food.

Classification of mental disorders in specific application is seldom clear-cut. However, approximate designations are necessary for effective communication and there is probably no greater complexity here than in the area of the physical designations.

Mental disorders are ordinarily grouped as psychotic or nonpsychotic under two large categories, the functional (psychogenic) and the organic (toxic-organic). Distinguishing characteristic of the specific mental disorders are generally based on observation and interpretation of behavior.

Since there is likely to be subjective predetermination of the meanings of these, discussion in clinical practice is a helpful means of clarification.

The preparation of mental health workers such as in psychiatry, psychiatric social work, clinical psychology, and clinical pastoral counseling generally includes selected experiences in specialized fields where nurses may have an opportunity for team work if they are prepared to do so. In the general fields in the hospital or public health services there are opportunities of studying with guidance specialists, medical practitioners, teachers, parents and many others.

Basis for Nonparticipation

It has been noted that even in situations where a nurse is apparently welcome she is known to evade the embarrassment of participation for which she feels poorly prepared. Another basis for nonparticipation might be an unconscious low self-esteem which cannot face the light of inevitable shortcomings.

Even though no one profession can hedge itself about by boundaries not to be communicated to another, there must be a measure of preparation and a reaching out for the collaboration.

The prevention of mental disorders is a goal of nursing not chiefly concerned with the more serious types of mental disorders. As psychiatry emerges from the special institutions into the general hospital and public health nursing services, its boundaries are no longer so definite.

Behavior reactions, such as anxiety, depression, and overaggression or withdrawal are not readily distinguished as normal or abnormal and relative discrimination is necessary for the detection and prevention of mental disorders.

Descriptive observations delineate obvious manifestations, and understandings based on the underlying dynamisms give meaning to these. Appropriate knowledge of causation can give clues to preventive measures such as in the toxic and organic conditions.

However, even when these are known, as in the mental disorders of the senile and the arteriosclerotic patients, the nurse in direct and indirect association with others may need to contribute to alleviation and prevention of more serious disability. Again by reference to cardiac disease, just as some persons may need to be given supportive care by means of life-long medication, such as digitalis or prescribed restriction of activities, there also may be required a protective environment and measures for alleviation of certain types of mental disability.

How Prevention Is Controlled

Further difficulties in prevention reside in the control of economic, social, and personal developmental bases for the causes of mental disorders. It is rather significant that the incidence of schizophrenia in our culture is rather high. Our most baffling problem in all medicine, it comprises more than one-half of the patients in mental hospitals and one-fourth of the patients in all hospitals.

The bases for the detection and prevention of this mental disorder are being studied in innumerable ways to which properly prepared nurses may make important contributions.

Transient reactions to acute and special stress may resemble the psychological disorganization manifested by a psychosis and the characteristic reactions are also more generally recognized in the delirium of a physical illness which interferes with brain physiology through toxic or circulatory disturbances.

In proportion to the degree of a prolonged or intense emotional strain or physical demands or both, such conditions clear up in accordance with the constitutional factors which determine the individual resilience in response to prompt and adequate treatment, such as rest, balanced diet, alleviation of financial worries, and fears of many kinds. In acute situational adjustment, a person with no obvious personality defect or established neurotic patterns may nevertheless react to new, trying, or difficult situations with undue anxiety, alcoholism, lowered efficiency, or unconventional behavior.

A recognition of these personality limitations may help in the prevention of a life-long ineffectual striving against a constitutional endowment which depends upon a stable environment for effective production.

We have learned to recognize the limits set by intellectual endowment and have made provision accordingly. We are only beginning to recognize the limits set by emotional and volitional endowment.

Expectations of contributions which are not within the capacities of a person lead to fruitless striving and struggle against inevitable failure. However, some of these limitations may be caused by environmental conditioning and need to be distinguished so that the person may be assisted in freeing himself from psychological restrictions. Differentiation is not easily determined.

As nurses, we are in a position to contribute to such measures according to our own personal and professional growth in freeing ourselves from the negative aspects of *identifications*, or the psychological blind spots which are noted in biases, prejudices, rigidities, and undue strivings for power positions.

Psychoneurotic disorders manifest temporary or more permanent personality disabilities founded on *repression* of unresolved conflicts which concern the acceptable modes of expressing the fundamental human drives.

Reaction patterns are characterized as anxiety, dissociative, phobic, conversion, somatization, obsessive-compulsive, hypochondriacal, and neurotic-depressive. These may be established at any vulnerable period in a person's life associated with significant thwarting of a biological or social drive through cultural or self-restriction.

Resolution of Conflicts

Conflicts are a part of all normal development and are generally resolved by conscious decision in favor of one or another of apparently equally desirable wishes. Tension aroused during the period of deliberation is usually resolved when a choice is made. When there is unresolved, repressed conflict the tension persists as anxiety. When there is superimposed added strains, each person reacts to an individual frustration tolerance point with exaggeration of his characteristic behavior noted as overaggressive or withdrawn.

Ordinarily expressions of inner needs are patterned to accord with socially acceptable forms of behavior and resolution of a conflict is achieved either by assimilation and preference of a cul-

tural sanction or by compromise. In the former, a stage in harmonious integration is illustrated. In the latter, there is *suppression* or conscious deliberate channeling of the original impulse into a socially acceptable form of expression (sublimation) even though its fulfillment is still greatly desired but unattainable, or if attainable only at great cost to other values.

Conflict or disharmony is shown in inadequate, inappropriate, incapacitating or unadaptive behavior. A nurse's ability to observe accurately, interpret correctly, and understand adequately is based on her own psychological development and degree of self-understanding.

Evolution of Understanding

Directives about the necessity for objective assessment of behavior are of no avail unless the nurse has been given the means for relative freedom from her own psychological blind spots. Such understanding is the synthesis which is slowly acquired as the nurse accepts and assimilates her part in the study of personality development, the clinical implications of the deviations from the normal, the positive and negative influences of the emotions, and the modifying environmental contributions. The evolution of her understanding of the whole is marked by stages of *integration* of these various aspects.

The nurse further may become aware of the bases for the discrimination of behavior which appears to be the same yet dynamically are not through an evolving realistic self-concept. Such self-awareness is not easily achieved by anyone and there is a human tendency to shrink from the effort.

The labor and pain may be by-passed by keeping repressed the unwelcome responsibility, and thereby a dynamism of *projection* may be noted in persons who blame others for faults to which they are blind and who express false reasons, *rationalizations*, for excusing themselves.

Obvious factors for the prevention of mental disorders are not isolated easily; the economic, social, and personal factors weave an interrelated complex from birth to death.

The psychological problems of any one of us are manifestations of difficulties which indicate a discrepancy of unified response inherent in biological, sociological, cultural, and environmental factors.

An understanding of early childhood conditioning to extremes of rejection and overprotection may indicate the bases for retarded emotional development.

In the former, according to a constitutional predisposition, there may be overaggressive or undue withdrawn behavior based on insecurity or lack of confidence.

In the latter, there is a tendency to maintain undue dependency rather than to move forward toward acceptance of mature responsibility.

In both instances there is a longing throughout life and therefore an unconscious striving to fill the unmet needs of childhood.

However, some persons learn to adapt automatically to circumstances with the appearance belying the inner disunity until some relatively severe physical or emotional strain reveals the negative feelings.

Concealment behind diffidence and politeness of negative feelings of hostility, jealousy, and fear may nevertheless show in ways such as headaches, loss of appetite, and other manifestations of physiological disturbances.

Significantly, in the character disorders the normal inhibitory control has not been established and instead of being converted into a symptom the impulse is acted out in devious ways as in the pathological personality types, addiction, and immaturity.

Rejected children tend to become fearful adults who are wary of entering into a warm relation with another, and overcompensation may be noted in intense endeavors for recognition. Overprotected children tend to become adults to whom the world owes a living and who thus fail to take mature responsibility.

In uncomplicated instances the help of a friendly person (the nurse) who does not moralize or blame may start the process of self-realization.

At any time in life, the person who accepts the responsibility and assistance necessary in understanding the limitations in a quality of life, lays the foundation for subsequent resistance to emotional hazards, and becomes a positive force in the stabilizing of others.

Division of Illnesses

It is noteworthy that at the present time there is an approximately equal division of patients in general and psychiatric hospitals. Furthermore, a physical illness may be associated with or concomitant with a mental disorder, and a mental illness may be associated with or concomitant with a physical disorder so that the division of illnesses into physical and mental categories is in accordance with the predominance of the signs which characterize rather than exclude one or the other. The concept of personal individuality is called "psychobiology."

The clinical interrelatedness of mind and body is becoming known as "psychosomatic," at times also as "socio-psychosomatic," and represents a convergence of studies of different parts of the person such as physiology, endocrinology, psychoanalysis, psychopathology, and sociology with the consensus that persistent negative emotions produce adverse somatic and psychological symptoms with or without personality changes.

Words and actions are the usual outlets of emotional tensions. Thus may be indicated the therapeutic and preventive effects of a "listening" nurse who further understands the following: Some of the physiological effects of strong emotional reactions are shown in blushing, cardiac palpitation, gooseflesh, and diarrhea. "Organ" language may indicate that an unpleasant situation cannot be swallowed. Nausea may signify the physical and psychological rejection of the environment, and a load on the chest symbolizes the need to get rid of the oppressive feeling by talking.

Emotional deprivation has its counterpart in loss of appetite and zest for life, or in compensatory activities such as drinking and overeating. Muscle pains can be the expression of emotional tensions and fatigue from conflicting emotion, *ambivalence*, such as resentment and hostility for a person who is nevertheless regarded with affection and respect.

Detection of Mental Disorders

A proper appreciation of the concept of wholeness which contributes to discriminating detection of early manifestations of a mental disorder is achieved in more than one way.

A nurse's predisposition toward a degree of introverted or extraverted personality type with predominance of intellectual or feeling, and sensation or intuition characteristics determines her ability to see more readily the parts and their logical formation into the whole, or the whole with evolving differentiation of the parts.

Each person generally maintains a communication based on an orientation which is normal for the psychological type, and tends to understand others like himself until in the course of a well-rounded development a balance is reached where it no longer becomes necessary to defend a biased viewpoint.

In nursing there is a tendency to give greater value to the extravert, and this

(*Continued on page 436*)

A student nurse on duty in the children's ward at Westminster Hospital, London. She began her first year's training at the age of 18. Her cap and belt indicate her status, as student nurse.

Britain's Approach To Solve The Nursing Shortage Has Brought

A Change for the Better

As reported by Wendy Hall, British Journalist for United Kingdom and Overseas Publications

A SHORTAGE of nurses is something which Britain shares with many other countries. In England and Wales, as elsewhere, the shortage has meant that hospitals have been forced to close beds, and keep waiting lists of patients.

Staff nurses (in the foreground) help with a jaw operation in an operating theatre of Westminster Hospital.

Now, at last, after years of effort, an improvement is to be noted. In a single year in Britain 7,000 hospital beds have re-opened, because during the same period recruitment of student nurses reached a new high level, and wastage fell to the lowest percentage ever.

No one is complacent about this, for nearly ten per cent of Britain's hospital beds are still waiting to be re-opened; but all those who have been struggling, for years against what might have seemed impossible odds feel that the crisis may have passed and that the nursing profession is now not unattractive.

The change for the better can be summarized in a few statistics. In June 1947, there were 41,000 student nurses in training in England and Wales. In June 1949, the number had risen by 5,000. Meanwhile, the number of students giving up training before their courses were complete dropped from

42 per cent in 1946 to 22 per cent in 1949.

Part-time nursing staff doubled itself between 1947 and 1949, when the figure stood at 22,800; and domestic staff, both full and part-time, likewise showed a steady rise.

Behind these statistics there is a very human story of groups of people who have been working for many years to improve nurses' conditions.

Before World War II Britain's medical profession and the Ministry of Health made various recommendations which aimed at bringing about improvements. These were followed up during the war by a Committee under the chairmanship of Lord Rushcliffe, who was Minister of Labor from 1931 to 1934.

National Salary Scale

The Rushcliffe Committee established a national salary scale for nurses and midwives, and continued to function until quite recently when the National Health Service came into operation. Now it is replaced by the Nurses' and Midwives' Whitley Council.

On this Council the Staff Side, representing nurses and midwives, negotiates salaries and conditions with the Management Side, representing the hospital authorities and for the first time the Ministry of Health, making the negotiations comprehensive.

Meanwhile, in 1946, a Working Party to investigate the recruitment and training of nurses had been set up. Many of the suggestions made as a consequence have already been acted upon.

All the various recommendations of the last 20 years have made the life of a nurse in Britain today something quite different from what it was two decades ago.

Today she is paid a salary which compares favorably with that of other professional women. The 18-year-old student, for instance, receives £200 ($560) as a training grant in her first year, and the ward sister's salary rises to a maximum of £560 ($1,400) a year.

The old system of providing free board and lodging plus a cash allowance has gone, and nurses are paid in full and then they pay for their rooms and

(*Continued on page 437*)

A first-year nurse in training. It was not the pay that attracted her to the nursing profession but a desire to help the sick. Problem of making the work attractive enough for her to stick to it is now being tackled in Britain.

Staff nurses on duty in the maternity ward of Westminster Hospital, London, England. Although improvements have been made, there is still a shortage of both staff and student nurses.

How To Plan

A Therapeutic Diet Unit

by Julia Ord King, R.N., M.S.

LIKE Topsy, many Special Diet Kitchens "just growed" out of the need arising over the years for a work center to care for the preparation of meals differing from Standard Diets used for the majority of hospital patients.

This "after thought" technique has tended to place therapeutic diet preparation in some cubby hole of the main kitchen or in a room or two on some floor, remodeled to handle diet production.

It has been my observation that in many hospitals there is very little evidence of deliberate planning to take into consideration working space, work-flow centers, storage, office needs, learning experiences for students, and other items.

That diet kitchens are planned for hospitals, it not denied, but too often the bulk of practical planning effort is directed toward Main Kitchen work centers, with special diet preparation shunted into incidental consideration.

Special diet preparation centers utilize part of the equipment from institutional food service, while borrowing from household size kitchens for production areas and and work flow, because the number of people fed by this area is only a fraction of the total cared for by a central food unit.

However, the types of diets served and the fact that these are just as important to the health of the people eating them as medicines are, makes consideration of the space provided for this service most important.

Education and Experience

When a school of nursing utilizes the hospital for clinical practice, the area delegated to special diet preparation is further a Clinical Area, under Medical Specialties, in which education and experience go along with each meal served.

One of the requirements for clinical experiences is an area equipped for practical learning. A search for standards to guide in planning a clinical unit for the Medical Specialty, Diet Therapy, revealed little material. Therefore, the writer's experiences as therapeutic dietitian in several hospitals, each of which had some excellent points, plus information on new advances in kitchen planning were utilized for discussion of purposes and functions of a Therapeutic Diet Unit and for drawing up a Unit plan, which incorporates the functional scope indicated.

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Miss King received a B.S. degree in Dietetics at the Iowa State College and a M.S. degree in Nursing Education, Catholic University, Washington, D. C.

The purposes of a Therapeutic Diet Unit can be stated as

a. To provide diet modifications for those individuals whose physiological dysfunctions necessitate nutritional adjustments of various types

b. To provide clinical experiences for student nurses in the preparation and service of therapeutic diets

The word "patient" has been deliberately omitted from the purpose, for by focusing attention only upon diet modifications needed by hospitalized individuals, the Therapeutic Diet Unit would miss one of its greatest areas of needed service.

There are many people in as large an institution as a hospital that may need dietary modifications, but who are not patients. This may include the medical staff, nurses, student, administrative workers and other personnel.

The premise has long been accepted that hospital personnel are fed during their working hours, but if some of them need diet modifications that cannot easily conform to the type of food served in the general dining room or cafeteria, too often they either go hungry or try to bring suitable items from home.

This procedure often ends with the person being worse fed than ever or forced to give up the diet plan altogether—neither alternative aiding recovery of health or optimal work efficiency.

Ideally, the Therapeutic Diet Unit functions to aid in a return to health by means of dietary treatments; thus fulfilling its purpose as one of the health team: to keep people well and bring the sick back to strength.

Agricultural workers are far ahead of human practicers in the conservation of health and working power in their animals. No draft horse is underfed; laying hens receive carefully scheduled feedings; beef cattle are nurtured better than the farmer and his family. Why? The language of dollars and sense has proved to farmers that healthy animals produce more work, better bodies and therefore greater profits.

On the other hand, a large institution dedicated to human health frequently completely ignores the needs of its own personnel for preventive care, because attention is too often focused entirely on the cure of ill health in patients. Therefore, to give maximum service, a Therapeutic Diet Unit should provide for a wider area than just "in-patients."

Student's Horizon Broadens

From the standpoint of clinical experience, the student nurse's knowledge of dietary management problems is widened considerably by providing her with essentially normal people, as well as the acutely ill, during diet therapy clinical practice. Also, the total census of types of diets prepared can be materially increased and out-patient experiences broadened.

Student nurses also need dietary adjustments from time to time during their school years, and if no facilities are available for giving them properly regulated special diets, this health recommendation, regardless of the reason for it, might as well not have been made.

Staff members, too, are famous for gastro-intestinal disorders—among them-

selves as well as patients. For more efficient service to their profession and for more active years in practice, dietary adjustments taken care of within the hospital generates a tremendous good-will factor.

Community goodwill is further fostered if physicians know that ambulatory patients needing instruction in diet, can be fed and taught during observation periods and sent home well able to care for themselves. Bed demands for patients not actuely ill may be eased in this manner.

Such a practice was built up in a special diet unit supervised by the writer during and following the war years. Hospitals were jammed with acutely ill patients; still many persons, new diabetics particularly, needed space for standarization routines and dietary adjustments.

If diabetics have household or business duties, they dislike having to be hospitalized for a week to ten days for tests and meals, and during the war years, hospitals were reluctant to give beds to ambulatory people when swamped with demands to admit seriously ill patients.

By talking meals at the hospital and otherwise going about normal activities, diabetics were soon noted adjusting to caloric and insulin patterns more rapidly. This was believed to be accomplished because there was no necessity to regulate from the inactive status of hospitalization during ordinary standardization procedures back to normal activity levels. The same service can be offered to convalescent peptic ulcer, cardiac, arthritis, renal and liver conditions, and many others.

The following plan has been submitted as a suggested Therapeutic Diet Unit. Because this clinical experience area is proposed as a complete unit, the plan consists of a kitchen work center, a small cafeteria line and dining room and an office for the Therapeutic Dietitian.

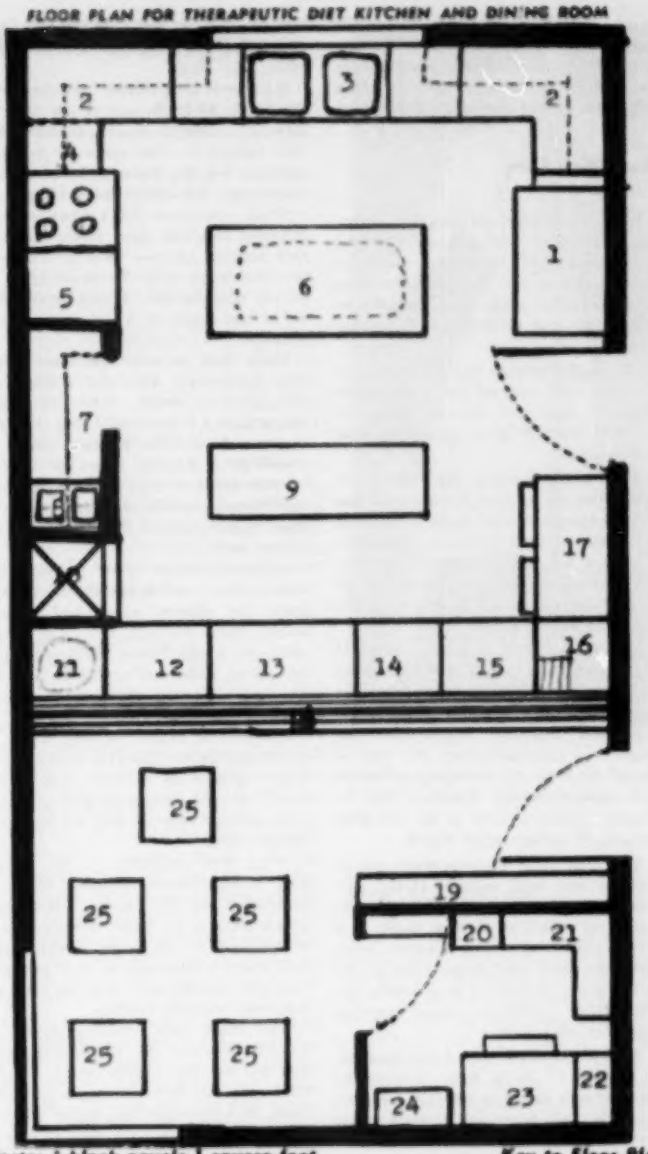
A Therapeutic Diet Unit should be convenient to the Main Kitchen, but need not be in it. As long as traffic flow and elevator service are direct, it can be on a different floor, but usually is placed on the same floor.

Since most modifications are made according to the daily Master Menu for Standard Diets, the bulk of daily staples are obtained from Main Kitchen food supplies.

Central dishwashing units can also be utilized for returned trays, especially if silverware and dishes are of a different pattern from those used in floor kitchens or a central tray line.

Special diet areas are often placed in the basement or on the first floor. Such

FLOOR PLAN FOR THERAPEUTIC DIET KITCHEN AND DINING ROOM



Scale: 1 block equals 1 square foot

Key to Floor Plan

1. Refrigerator, 4' x 2½' . . . 4 door
2. Working counters with cupboards above
3. Sink with double bowls
4. Tray rack for stacking patients' trays (Underneath, counter on top)
5. Range with oven, 4' x 2½' (Household style)
6. Worktable, with pothook rack above, 3' x 6'
7. Storage closet, shelves all the way up
8. Small Deep Freeze, 1½' x 2' (2 compartments only)
9. Dish cabinet and warmer, 2' x 6'
10. Dumb-waiter to floor kitchens
11. 2 gallon coffee urn
12. Counter space with cabinets beneath
13. Steam table, 4' x 2'
14. Ice cream & frozen dessert box
15. Ice pan for salads, etc. (cabinets beneath)
16. Napkin and silver dispensers and trays for Cafeteria
17. Student nurses' desk with bulletin board above
18. Cafeteria tray slide
19. Bench high counter for wraps, books, etc. of cafeteria group
20. Locker for coats
21. Book case
22. Large steel file, 4 drawers
23. Therapeutic Dietitian's desk
24. Interview chair
25. Cafeteria tables and chairs

a unit should be placed to provide access to the dining room from the outside and to prevent too much traffic through the hospital proper by those using special diet dining room facilities.

Production Flow

A two year research program undertaken by the Westinghouse Electric Corporation on household kitchens[1] has found that the chief troubles with most kitchens stem from insufficient work space and generaly poor arrangement.

Although industry has for years understood and utilized the tremendous value of time and motion studies, it has only recently been applied to food production.

This study showed that too much work piles up in most kitchens because of inadequate counter space in relation to centers of food storage, preparation and clean up. The importance of keying food storage and preparation to the refrigerator was found to be far greater than had been realized.

Highest efficiency of work is achieved when the flow is in one direction: from refrigerator to sink to stove, and greatest working ease (elimination of waste steps and lessening opportunity for fatigue) is obtained when the sink is placed between the storage-preparation and cooking-serving centers. The U-shaped kitchen proved to be the most efficient of various types tested.

The Diet Unit kitchen fitted into a U-shape very well, because of the proposed cafeteria serving line. Since continuity of effort, or flow of work, is a major consideration in kitchen planning, and since food preparation is one of the prime factors of importance, the refrigerator makes a logical starting point for work flow.

The entire Unit has been planned to fit into 17 by 31 feet. This is the smallest area that will provide sufficient space for all functions. Larger areas may be planned, but this is presented as a minimum unit. The kitchen and cafeteria line space is 17 feet wide and 20 feet long.

The diet kitchen is small enough to utilize household cooking methods to a large extent, so the time and motion study referred to above was utilized in this plan. Other important items determined by the study are that 56" is the proper height for work counters to avoid back fatigue; 16" is the correct height between counter and wall cabinets, and the latter are at maximum efficiency when 30½" high.

If cabinets are planned over the stove, the height from the top of the stove is then 22", instead of 16", to allow for heat radiation. Toe space at working counters was also found to be of utmost importance for diminishing fatigue.

Work centers of this kitchen have a different function from home preparation centers, because food served goes two directions: over the steam table to people who eat over a time range, and up to the floors at a set time to bed patients.

Work flow remains the same, however, and starts with the refrigerator (1). This, of course, should be much larger than a home model, but is smaller than most Main Kitchen units. It should have separate doors for various compartments, so that constant opening at different sections will not raise the total temperature of the box to a dangerous level.

Adjacent counter space (2) and cupboards above and below supply storage space for glasses, salad and dessert dishes, small utensils, etc. The work table (6) is also handy for preparation use. Tray slides are stored in a small slot under the end of the counter next to the refrigerator.

The serving center for cold things is an ice pan on the cafeteria counter (15). This is placed on the same side of the room as the refrigerator-preparation area, so that steps to and fro are in a straight line.

Work flow progresses to the second area of importance, cleaning, which is dominated by the sink. Since food preparation is in larger amounts than is necessary in the home, double deep sink space is necessary so that preparation and cooking areas may use it simultaneously without conflict.

The third area, cooking-serving, is directly opposite the preparation area and has its own counter space. A pot-hook rack over the work table (6) holds items of immediate use, while a lower shelf provides space for large pots and baking pans. Counters adjacent to the stove provide storage cabinets.

The steam table of the cafeteria counter (15) is in a straight line to the cooking area, while a dumb-waiter to the floors (10) is proposed adjacent to the steam table. A long dish cabinet and warmer (9) is placed to hold and warm plates before serving time; its top can be used to set up trays for the floors while food is served and the dumb-waiter returns for more trays.

Storage of staples is taken care of by the closet (7), which has a sliding door that can be locked at night. Fresh fruits and vegetables not requiring refrigeration are also stored here, as are cereals. A freezer (8) holds extra ice cream and frozen foods.

The student nurses have their own desk (17) for planning and checking diets. The diet manual and recipes are kept here, while a bulletin board above the desk holds assignment material, work plans and other educational data. Kardex files are good additions; one containing diet orders and another with information about patients' eating habits. These serve the same purpose here as Order and Medication cards do upon the floors. A phone is a very necessary item for this desk, with a different number from the one in the dietitian's office, so that food orders may be received easily in the preparation areas.

The dining space and dietitian's office are placed in 17 feet by 11 feet. The cafeteria line begins at the dining room door with a tray slide (18) going the whole length of the serving counter. Trays, napkins and silver are obtained at the beginning of the line (16), then cold items are in the ice pan (15) or from an ice cream compartment (14); milk drinks are made here. Food is served hot from the steam table pans (13), while bread and beverages are obtained at (12) and (11). Dining tables (25) are for the convenience of ambulatory patients or personnel requiring special diets. A bench (19) can be used to hold books, wraps, or to sit on while waiting for the serving counter to open or to see the dietitian.

Teaching Facilities

Since the teaching dietitian needs a place for privacy, but also must be close enough to supervise production activities, her office has been placed off the dining area. Patients and student nurses come here for instruction and conferences, while the dining area is used for formal student conferences. In order that all areas can be observed, office walls should be glass from about 30" from the floor.

A suggestion is to build the first 30" of glass bricks, so that maximum advantage can be made of available lighting. Diet material, patient files, departmental reference books and teaching material are kept here. During serving time and as help is needed by students in food preparation, she can rapidly reach the kitchen, but when patient or student conferences are to be held, she does not have to try and compete with production areas for the sound waves. Her telephone should be a different

(Continued on page 138)

1. Livingston, Maxine "Research Revamps Kitchen Planning," Parents' Magazine, Vol. 22, pp. 61-63, 170, September 1947.

Fashions and Grooming

by Gail French

YOU MIGHT not be surprised—as you buy a suit or coat or dress—if the saleswoman tells you that the style she's showing was adapted from a great French designer's recent collection. But you might be surprised to learn that beautiful *Uniforms* for professional hours may also trace their styling to the Paris couture.

We'll admit it surprised us, anyway—when we saw the fashion-wise Bob Evans collection—to learn that this alert Uniform manufacturer studies advance coat and dress fashions, from both French and American designers.

Pockets Inspired by Those on a Coat by Dior

Modified for practical use, pockets from a Dior coat may be translated and applied as a sprightly touch, that increases the charm of a Uniform and multiplies your pleasure in wearing it. *Mandarin collars* are another example. Seen on high style Fall wool dresses, these chic little upstanding collars also appear on fine new Uniforms at Bob Evans. These collars can be converted—for variety, and to suit your mood.

"Artux" Is an Exclusive New Stitch

If you're familiar with Trapunto handiwork, originated in Italy, Artux may remind you of this. It suggests an interesting raised effect and looks like costly hand-stitching. It adds much charm and variety to Uniform styling—appearing on panels, bib effects, pockets, collars. If you've seen this beautiful new stitching, interpreted in scallops and V designs, you've surely seen a Bob Evans Uniform—for this distinctive stitching is exclusive with this Uniform specialist.

Sizes! Sizes! Sizes! For a "Nine" or a "52"

If we had a surprise—on learning that Paris fashions can be reflected in Uniforms—we were even more amazed at the extent of their size range, at Bob Evans! *Juniors* 9 to 15; *Misses* 10 to 20; *Women's* 38 to 46; *Extra Sizes* 48 to 52; *Half Sizes* 14½ to 24½. Subtle modifications achieve truly beautiful designs for every size, and certain styles go through every size from 12 to 52 . . . all of them attractive!

Examples: the Bob Evans Uniform—lower left (style 971) may be chosen in any size—12 to 42; that at the upper right (style 740) in sizes 10 to 18. Collar lines, tucking details, pocket shape and placing are cleverly adapted for special becomingness, and each of these styles has the extra beauty of Artux stitching. Both are made of fine cotton poplin, Sanforized shrunk, and each style is made with short, as well as long, sleeves.

Tall or short? Or inbetween? When it comes to giving you a thoroughly well-fitted Uniform, this long-established manufacturer leaves nothing to chance. He knows that, no matter how stunning a Uniform style may be, it's the *fit* which does much for your appearance, and is most vital to your efficiency and comfort. So, in addition to all those *sizes* we mentioned above, you'll find Bob Evans Uniforms in three *waist* lengths: short, medium, tall. These precise length variations are applied as well, of course, to sleeves and skirts.

Result—that *Custom-under Lock* that's worth so much to your professional poise!

Do You Like to Show Your Elbows?

Some do, some don't. There's much to say for short sleeves; but the argument for short versus long need not necessarily be settled either way for—if you prefer—you can have both abbreviated sleeves *and* covered elbows . . . in Bob Evans *three-quarter* sleeves! If you're devoted to *long* sleeves . . . you have choice between smart French cuffs with stud-like grippers, or trim fitted cuffs.

What Fancies Have You On Fibers . . . and Fabrics?

Here again, when you choose a Bob Evans Uniform—you have a blissfully uncramped selection! *Fine cotton poplin*—Sanforized for shrinkage control; beautiful *Acetate Rayons*—fine Koda cloth that looks like faille, and lovely rayon crepe—each perfectly washable and treated against shrinkage (within 1% which will not affect the fit); exquisite *Nylons*—sepiyr and more

(Continued on page 458)

A revolutionary electronic machine, called the "servo-anesthetizer," now harnesses a person's brain waves to pump a fixed amount of anesthetic agent into a vein or an other vaporizer.

American Medical Association Photo

Anesthesia Hazards In Operating Rooms

Can Be Reduced

by Irving Wilson Voorhees, M.D.

EXPLOSIONS in operating rooms resulting in death or serious injuries, have been reported now and then from various hospitals throughout the country. To be sure these are infrequent, but they must be eliminated entirely since this is possible and neglect to insure safety is inexcusable.

Under date of July 1, 1950 the Presbyterian Hospital, New York City, has supplemented its protocol of December 1948 and has set down very definite rules and regulations governing the use of explosive anesthetic agents in operating rooms. There are five such agents which are potentially explosive, namely: cyclopropane, ethyl chloride, ethyl ether, ethylene and vinethene.

Two basic facts underlie any list of precautions. First, there must be no escape of such fumes into the free air of an operating room. Therefore, all equipment must be kept in the best possible condition. Use of worn or leaky mechanical material is forbidden.

Secondly, any room in which an anesthetic is given has certain hazards which are well known, but which may be unobserved both by personnel and visitors. One of these is an electric spark produced by friction or poorly insulated wiring which may cause "a short."

Attention is called to the "potential hazard" at all times, no matter what precautions are being taken. Visitors, knowing nothing of danger, may cause friction when moving about the room and thus ignite any free gas around them.

Body Electricity May Be Hazard

It has not been proved or disproved that the electricity of the body, especially on a cold day, may be a hazard. We all know the parlor experiment of skidding across a carpet and producing a startling spark from somebody's chin. An electrical human body potential is, therefore, a proven fact, but not its possible misguidance to bring harm.

Instances have been known where some visitor has opened a door admitting him to the operating room, and an explosion ensued which seemed fairly inexplainable. This matter of electricity is tricky as everyone knows who has handled so harmless an object as a flashlight, which is often noted for its undependability.

Naturally, the surgeon and anesthetist must confer and decide upon the anesthetic they prefer, but those listed above must not be used in any room where the flooring is *non-conductive*. Whenever any of the five potentially explosive gases are used, the following precautions must be observed and checked:

1. The machine to be used in administering the gas must be thoroughly inspected and tested by the anesthetist. Any leakage puts the machine out of use.

2. The O.R. table or stretcher must be coupled to the patient before starting the anesthesia, and this intercoupling must be maintained during the entire administration and as long thereafter as an explosive atmosphere is prevalent.

3. The shoes of all persons entering the room must have been tested for satisfactory conduction preceding such entry.

4. All equipment in the O.R. must be supplied with drag chains in order to maintain a conductive path to the floor. Everyone present is charged with

(*Continued on page* 435)

Nurses In The News

Resigns Position To Become Consultant in Nursing Education

RENILDA HILKEMEYER, R. N., has resigned her position as Assistant Executive Secretary, Missouri State Nurses' Association, to become Consultant in Nursing Education, for the Bureau of Nursing, Missouri Division of Health.

Miss Hilkemeyer, a graduate of St. Mary's Hospital, St. Louis University, received a degree Bachelor of Science in Nursing Education from Peabody College, Nashville, Tennessee. Before joining Mo. S.N.A. Headquarters Staff, she was Assistant Director of the School of Nursing, Kansas City General Hospital No. 1.

As Consultant in Nursing Education, Miss Hilkemeyer assumed her duties as Education Director for the Ellis Fischel Cancer Hospital, Columbia, Missouri.

Director of County Nurse Staff Has Retired After 19 Years

MISS LEONOR A. FIELD, R. N., director of nurses of the Suffolk County Health Department has retired after 19 years of service to the county.

The resignation of one of Suffolk's best known career women took effect July 31, 1950.

During the long period of her leadership in the field of visiting nursing, the public health nursing staff has grown from three workers to its present personnel of 23 staff nurses, three field supervisors and a director.

Miss Field brought to Suffolk County an already distinguished background. Born in Hanover, N. H., she received her A.B. degree from Mt. Holyoke and her R. N. at the completion of her nurse training at Massachusetts General Hospital, Boston.

She served in the Army Nurse Corps at the Mexican border, then went to France during the first world war as a member of the Massachusetts General Hospital Unit.

Upon her return to this country she attended Simmons College, where she received her B. S. degree. She was also one of the first three women ever to have attended Harvard.

During this time she was singularly honored when she was chosen by the American Red Cross as the typical Red Cross nurse. As such she posed for a large portrait which now hangs at National Red Cross Headquarters in Washington.

She taught home nursing for the Red Cross in West Virginia; was Director of Nursing for Jordan Marsh Company, Boston; was assistant to the College Physician Counsellor of Women at Antioch College, Yellow Springs, O.; took two summer trips to Scandinavia as the nurse accompanying two large boys' clubs with the "My Friend Abroad Movement."

She received her M. S. degree in Public Health Nursing from the University of Michigan, Ann Arbor. Before coming to Suffolk County she organized the Red Cross Chapter in Augusta, Me.

Her quiet dignity, her kindness, her wide interests, as well as her exceptional ability and accomplishment in chosen field, have endeared Miss Field to the many in the county whom she knew.

Miss Renilda Hilkemeyer, executive secretary, Missouri State Nurses Association, accepts new position.

Associate Chief Gets Promotion

MISS ELSIE T. BERDAN has been appointed Chief of the Nursing Branch, Division of Hospitals, Public Health Service. She replaces Miss M. Constance Long who resigned to be married.

As Chief of the Nursing Branch of the Division of Hospitals, Miss Berdan will coordinate the nursing education and administration activities in the 24 hospitals and the 19 Outpatient Clinics of the Public Health Service.

She is a commissioned officer in the Regular Corps of the Public Health Service, holding the grade of Senior Nurse Officer (comparable to the rank of Commander in the Navy).

Miss Laura Logan, widely known in the nursing profession, has recently been honored by two schools.

Nursing Director Honored By Two Former Schools

MISS LAURA LOGAN, Director of the School of Nursing and Nursing Service, St. Louis City Hospital, has recently been honored by two Schools of Nursing of which she was formerly director.

The nurses' residence at the College of Nursing and Health of the University of Cincinnati will be named Laura Logan Hall in her honor, and her portrait was hung at the Cook County School of Nursing on June 6, 1950, during special ceremonies.

Miss Logan served as director of the Cincinnati institution from 1914, when it was the City Nursing School, until 1924.

In a recent letter from the school, she was told, "We all feel that the work you did in Cincinnati to make our School of Nursing a part of the University is responsible for the place we now have in the nursing profession. We wish to show our appreciation and respect in this small way."

Miss Logan was born in Amherst, Nova Scotia; she was graduated from Acadia University in Nova Scotia, and took her professional training at Mount Sinai Hospital School of Nursing in New York.

Before coming to St. Louis in 1941 to take her present position, she also headed at various times the School of Nursing of Hope Hospital, now part of Methodist Hospital, at Fort Wayne, Indiana. She was also director of two other nursing schools: The Illinois Training School, now part of the University of Chicago and the Boston City Hospital School of Nursing.

In 1933 she was sent by the Rockefeller Foundation on a tour of schools of nursing in most of the countries of Europe.

The Current Books

BACTERIOLOGY

BACTERIOLOGICAL TECHNIQUE—by W. W. W. McEwen. Chemical Publishing Company, Inc., New York. 1950. 293 pages. Price $4.50.

This book is written for technicians intending to enter or working in bacteriological laboratories and is based on the author's twenty-five years of experience in various hospitals and public-health laboratories and in teaching the subject.

It is a good training manual for bacteriological technicians as it discusses every detail of the subject, from the cleaning and maintenance of laboratory equipment and preparation of standard solutions to the preparation of culture media, carrying out and evaluating tests.

Special emphasis is placed on time-saving routine methods of mass examination and short-cuts in technique. Individual chapters are devoted to slide preparation, stains and staining methods, and the handling of the microscope.

EDUCATION

MODERN EDUCATIONAL PRACTICE—by Paul R. Mort, Professor of Education, and William S. Vincent, Professor of Education. McGraw-Hill Book Co., New York. 1950. 437 pages. Price $4.50.

Designed to give teachers useful leads to teaching methods which they may adapt for their own classroom use, this book is a practical approach to the modern educational procedure.

It contains a selected sampling of actual practices used by good teachers to accomplish the many different objectives of education.

A set of simply stated principles based on the psychology of learning is presented to show why each type of practice is scientifically sound.

HOME NURSING

RED CROSS HOME NURSING—by The American National Red Cross. The Blakiston Co., Philadelphia. 1950. 235 pages.

Home Care for the Sick includes information on how to meet simple home emergencies, how to recognize some of the early signs of illness, how to give simple nursing care to the sick and injured at home, and how to keep the family well.

Instructors should have a background of teaching or nursing, and they are given special training before the Red Cross authorizes them to teach the course.

Please Note

The list presented here is compiled from all available sources in an effort to develop a complete listing of new books and pamphlets.

The descriptive statement of each book has been submitted by the publisher.

Books will be obtained for our readers. Your order must be accompanied by check or money order for the published price of the book, and addressed to Book Department, Trained Nurse, 468 Fourth Avenue, New York, N. Y.

MICROBIOLOGY

MICROBIOLOGY WITH APPLICATIONS TO NURSING—by Catherine Jones Witton, Associate Professor of Biology. McGraw-Hill Book Co., New York. 1950. 692 pages. Illustrated. Price $4.50.

A basic text for use in courses in bacteriology for undergraduate and graduate nurses, this volume covers the entire subject as it affects the nursing profession.

This complete presentation of the techniques of microbiology provides a fascinating description of the morphology, physiology and classification of microorganisms and of their relation to health and disease.

The material included is comprehensive, authoritative and up-to-date. The text is profusely illustrated with both line drawnings and photomicrographs.

NURSING ARTS

SCIENTIFIC PRINCIPLES IN NURSING—by M. Esther McClain, R.N., B.S., M.S. C. V. Mosby Co., St. Louis. 1950. 410 pages. Illustrated. Price $3.00.

In her preface, the author states that the purpose of her book is to show how basic scientific principles may be used in nursing practice. If the nurse understands the reasons for her methods, it is logical to assume that nursing procedures will be carried out in a more intelligent manner.

Principles are discussed in relation to anatomy and physiology, microbiology, chemistry, pharmacology, physics, psychology, and sociology.

A section of each chapter discusses learning situations for the patient and suggests methods that the nurse may use in aiding the patient to acquire facts and skills and attitudes that will help him regain and maintain health.

PSYCHOLOGY

PYHSIOLOGICAL PSYCHOLOGY—by Clifford T. Morgan and Eliot Stellar. McGraw-Hill Book Co., New York. Second Edition. 1950. 609 pages. Illustrated. Price $5.00.

A thoroughly revised edition of a highly-respected text, this book is factual, complete, scholarly, and up-to-date. It contains all the physiological and anatomical background necessary for an understanding of the psychological functions of the nervous system.

In this edition all outdated has been eliminated. A new chapter on color vision is included. Chapters on motor coordination and emotion contain especially significant advances in their respective field. Particularly important is the increased emphasis on the biochemical and hormonal factors in behavior.

PUBLIC HEALTH

FOUNDATIONS OF COMMUNITY HEALTH EDUCATION—by Robert G. Paterson and Professor Emeritus. McGraw-Hill Book Co., New York. 1950. 288 pages. Illustrated. Price $3.75.

A comprehensive discussion of community health problems and progress. The book looks at the meaning and objectives of health education, its origins and development, its present status in our communities, and the prospects for the future improvement of the public's health.

It gives important basic information for those who instruct others—teachers, professional medical workers, public health workers, and persons employed by both official and unofficial agencies.

The presentation follows both chronological and subject development of the public health movement which will equip the reader with a better perspective for understanding current problems.

Results of Hospital Experiment Show That Change of Practice Can Fill Vital Need

More Sleep for the Patient

by Harlan L. Paine, Jr., Administrator
Winchester Hospital, Winchester, Mass.

APPROXIMATELY one year ago the decision was made at the Winchester Hospital to attempt on an experimental basis the awakening of patients after seven a.m.

Observations had shown that the one practice most annoying to patients was to be awakened around five or five-thirty in the morning for the face cloth and bedpan routine, and then to be served breakfast somewhere between six and eight o'clock.

This routine is in sharp contrast to the usual habits of most people, and it represents a rather curious situation in that an invalid is imposed upon to the extent of changing lifelong habits for the convenience of well people who are supposedly trying to help him.

Naturally, a custom deeply rooted in hospitals—namely, the practice of early morning routine being done by the night shift—was based on good reason.

Considerable imagination on the part of all those involved was necessary to bring about the change. The new schedule of allowing patients to sleep until the day shift came on was first set up for one small nursing unit.

How the Day Shift Functioned

The day shift, after receiving their reports at seven o'clock, immediately started waking patients and passing out bedpans and wash basins.

It was found that this routine could be completed by approximately seven forty-five, and the dietary department was instructed to have the breakfasts available at that time.

By eight-thirty the trays had been picked up and the nurses were able to start their routine of morning baths, back rubs, and bedmaking.

Contrary to some predictions, it proved possible to finish this work before noon, although it was necessary to delay the dinner hour a few minutes.

The operation of the new system was not by any means smooth during its early weeks. At first there were many hitches. Some of the older nurses found it difficult to adjust to so revolutionary a change.

However, after a few weeks' operation, we were convinced that it could be done in other parts of the Hospital, and it was extended to all medical and surgical units. It has also been extended to the private obstetrical floor, but here its success has been somewhat limited.

Desires Vary in Maternity Service

In the maternity service it is necessary to wake the mothers at six to feed their babies, and, after this feeding, the mothers are not of one mind about the most desirable schedule. Some would be glad to have their own breakfasts at once; others choose to take advantage of the remaining one-half to three-quarters of an hour to sleep before receiving morning care and breakfast.

The success of this system is dependent upon adequate nurse coverage. Hospitals unable to secure the number of nurses they should have according to the best nursing standards, would probably find it very difficult to carry out this routine.

In the Winchester Hospital we have an average of one day nurse to every four patients in the medical and surgical services.

Calls for More Work at Times

The new system admittedly makes for more work between the hours of seven and twelve, and we are able to carry it. In practice, we find it well to have a certain amount of adjustability. Some patients—namely, those who naturally wake up early or those who have to be called at six for medication—can be serviced by the night shift. By instructing the night shift to carry out morning procedures with those patients who are awake before seven, the load on the day nurses is reduced.

The reaction of nurses has been favorable. Even though for a few hours they are busier than on the old schedule, they seem willing to make the effort in view of the gratitude shown by patients. Occasionally, when the unit contains a number of very sick patients, all having to be given special care, bathed, turned and fed, it is possible that the routines may start running behind and the nurses may wish that the old system was in effect.

However, a unit is generally fairly well balanced between ambulatory patients and really sick patients, so that those who need only a few minutes' time compensate for the others who require much attention.

Some nurses have advanced the argument that it seems a little superfluous to be washing a patient's face at seven-thirty, before his breakfast tray arrives, and then an hour later going to the same patient and giving him a bath. However, my experience is that most patients prefer this routine to the old one by which they were roused at dawn.

Complications Can Be Overcome

Various complications arise from time to time which can generally be overcome by cooperation and ingenuity on the part of interested and enthused nurses. Such a complication is the preparation of patients for early morning surgery. We have found this a very slight obstacle because the preparation has been done generally the night before. Such patients do not, of course, receive breakfast.

Another minor problem is the giving of communion to Roman Catholic patients. The priest usually gives communion about the time nurses would ordinarily start their morning care, which means that the care is then delayed until the priest finishes his ritual.

We have found, however, that all these occasional obstacles can be overcome by the nursing staff if they are thoroughly enthusiastic about this system.

The real secret of its successful op-

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Medical Research

Link Foot Eruptions to Shoe Materials and Construction

Rapid increase in foot eruptions has paralleled the use of certain materials, particularly waterproof materials, in manufacturing footgear, two Evansville (Ind.) dermatologists point out.

Writing in the July issue of Today's Health, published by the American Medical Association, Drs. L. Edward Gaul and G. B. Underwood say:

"Parents can learn something from instinctive actions of their children. Instead of calling their toe itch the fungus or athlete's foot and promptly rubbing in an irritating remedy, they should (like their children) kick off their shoes.

"The financial setbacks of the shoe industry in 1919 sent fabricators scurrying for cheaper materials. Time-proved leather was replaced by rubber and adhesives, by bonded, laminated, coated and impregnated fabrics and papers. Various plastics are now replacing these. The result is that we have steadily exposed our feet to a wide variety of chemicals."

Foot eruptions are the third most common skin disease, the doctors find. One survey indicated that three out of four people have foot eruptions. Careful studies by dermatologists have shown fungus to be the cause in approximately 50 per cent of cases.

"Certainly the rapid increase in foot eruptions paralleled the use of cheaper materials in manufacturing footgear, and particularly waterproof materials," the doctors say. "Tanners and processors have succeeded in destroying the natural porosity and absorbent properties of leather. Various chemicals highly irritating to the skin are added. Zealous manufacturers seal any porosity left in leather with moisture-resistant adhesives and cements.

"To make sure that none of the sweat from the sole can evaporate, beneath the insole is a bottom filler that seals out wet weather. Anything on hand that will not dissolve in water is used as filler. One combination consists of asphalt and a mass of cemented rubber, containing pieces of cork. These substances ooze up through tack holes and cracks and make the feet sweat, burn, itch and break out.

"Contact of an impervious material like rubber sheeting, plastic or painted leather with the skin is soon followed by an accumulation of moisture. This results from unconscious sweating. In hot weather the sweat increases. If the sweat cannot evaporate, the cooling effect of evaporation is lost and the skin heats up.

"An annoying burning sensation results. The skin swells, blood vessels dilate and the functions of the skin as a protective covering for the body are quickly lost. Then the chemical irritants in the shoes work their havoc. The feet burn, smart, itch, become reddened and soon break out. The thin skin between the toes is white and soggy, a warning that the shoes do not allow the sweat to evaporate.

"Investigators emphasize that fungi grow and thrive in moisture. Watertight shoes provide ideal growth and multiplying conditions. Future footgear should take care of two basic needs: (1) rapid dissipation of sweat from the feet; (2) dryness in wet weather. Loose-fitting rubbers allow air movement around the shoes. This protection should be removed as soon as the wearer is in a dry place.

"Nature furnished us with a delicate alarm system for detecting irritations of the skin. Its warnings are itching, burning, stinging and swelling. If these symptoms appear, suspect your shoes at once. More severe warnings are redness, blisters and 'weeping.'"

Yale Doctor Reports Dramatic New Cures With Terramycin

Partial or complete cure of 12 out of 15 severely ill patients with the newest earth-mold "wonder drug," terramycin, are reported by Dr. Francis G. Blake, of the Yale University School of Medicine, in a recent issue of the "Yale Journal of Biology and Medicine."

The diseases included bacterial endocarditis (a serious infection of the heart's inner membrane), lobar pneumonia, urinary tract infections, pyoderma (skin infection), Vincent's infection, influenza, and inflammation of the bile ducts accompanied by jaundice ("catarrhal jaundice"). Only influenza failed to respond to the terramycin treatment, while improvements or cures in the remaining cases were marked. Seven of the 15 patients had received other antibiotics without effect.

In one of the pneumonia cases, a 60-year old man had a fever of 105°F., which fell to normal in 18 hours after administration of terramycin. One of the endocarditis cases, a young girl acutely ill and in a semicoma, had received both penicillin and chloromycetin and failed to respond; after 12 days of treatment with terramycin, her fever became normal, and after 53 days she was pronounced cured.

The case of severe ulcerative Vincent's infection showed a dramatic response within 24 hours, and was entirely healed by the sixth day of treatment. The patient with infection of the bile ducts was given terramycin in the 22nd day of the illness, when his fever hovered between 104° and 105°F. Within 96 hours he showed marked improvements and his jaundice diminished rapidly; by the seventh day of treatment he had fully recovered.

The urinary tract cases, according to Dr. Blake, were chosen in an effort to determine whether infections which had not yielded to other antibiotic and chemotherapeutic agents would yield to terramycin. While three out of four responded promptly, reinfection occurred in one case. The fourth patient improved during terramycin administration, but the infection was not eliminated.

Dr. Blake and his associates, George J. Friou and Robert R. Wagner, reported that, although the number of cases treated was too limited for more than tentative conclusions, "terramycin will prove to be a valuable antibiotic agent for the treatment of a considerable variety of human infections."

Currently, Dr. Blake is lecturing in Australia as a guest of the Australian Post-Graduate Federation of Medicine. One of his subjects is "The Present Status of Antibiotic Therapy." He is the first Yale faculty member chosen to lecture before the Australian group.

Terramycin is administered by mouth, and is said to be so non-toxic that it produces very few undesirable side effects. Due to its ready solubility, it is reported to be the only wide-range antibiotic available in elixir form for use by children and old people.

Arthritis and Rheumatic Fever Seen as One Disease Process

Indirect evidence is strong that rheumatoid arthritis and rheumatic fever are different manifestations of one fundamental disease process, according to two doctors of the University of Texas Hospitals, Galveston.

This fundamental process very likely is allergic in character, Drs. James Y. Bradfield and Milton R. Hejtmancik point out in the July issue of Archives of Internal Medicine, published by the American Medical Association.

"There is much to indicate an intimate relationship between rheumatic fever and rheumatoid arthritis," the doctors say. "A careful analysis was made of 45 patients with uncomplicated

rheumatoid arthritis. History of previous attacks of rheumatic fever was entirely lacking. The cardiac status of 16 (35.8 per cent) exhibited deviations from 'normal' in one or more respects. Seven patients (15.7 per cent) had definite clinical evidence of cardiac damage.

"Administration of cortisone or ACTH to persons with acute rheumatic fever, with rheumatoid arthritis and with intractable bronchial asthma has evoked striking remission. This may or may not be coincidental.

"During clinical study (of patients with rheumatoid arthritis) one may expect to encounter one in 10 patients with organic heart disease, whereas at autopsy perhaps one of every two or three patients will display lesions structurally indistinguishable from those commonly associated with rheumatic fever.

'Indirect evidence is strong that rheumatoid arthritis and rheumatic fever are differing manifestations on one fundamental morbid process, which is very likely allergic in character."

New Test for Stomach Cancer Devised by New York Doctors

An ingenious balloon test for cancer of the stomach has been devised by a group of doctors from Cornell University Medical College and New York Hospital, New York.

The process was reported in the 8/12/50 issue of the Journal of the American Medical Association by Drs. Frederick G. Panico, George N. Papanicolaou and William A. Cooper.

A rubber ballon covered with short pieces of braided silk and attached to the end of a tube is swallowed into the patient's stomach and then inflated, the doctors say. Cells from the stomach lining cling to this balloon "brush." The apparatus is deflated and withdrawn and the cells are removed by washing in a special solution.

The cells are then examined by means of the smear test, developed by Dr. Papanicolaou and in wide use for detecting cancer of the cervix in women. Describing the test, Dr. Papanicolaou says:

"Cells at the surface of the growth tend to be dislodged. A technique for collecting the cellular debris, smearing it upon glass slides, and staining it has been perfected so that the various components may be studied. Interpretation of the smear requires the services of a careful and discriminating cytologist who has had experience in this field."

The balloon test was used in collecting cellular material from the stomach of 33 patients in whom the diagnosis of a disease was confirmed by surgery, the doctors report. Of this group of 33, 17 had malignant disease and 16 had diseases other than cancer.

Among the 17 patients with cancer, balloon wash smears revealed no malignant cells in two cases, suspicious cells in one case and malignant cells in 14 cases.

Among the 16 patients with conditions other than cancer, smears were negative for malignant cells in 14. Two specimens were read falsely as suggestive of malignancy.

Drs. Find Aureomycin May Be Effective Treatment for Mumps

Results obtained in treating three patients with mumps suggest that aureomycin, an antibiotic drug, may be of definite value in this disease, according to two doctors from Sayre, Pa.

Two women treated for mumps with aureomycin showed definite improvement within 24 hours after receiving the first dose of aureomycin, Drs. Wilfred D. Langley and John Brylogle say in a recent issue of the JAMA. Aureomycin was given to both women on the second day after swelling in the glands began.

Another patient, a man, received the drug less than 24 hours after symptoms of mumps were first noticed. Forty-eight hours after treatment was begun, he showed definite improvement.

"While no definite conclusions can be drawn from treating three patients in the manner described, the result obtained would suggest that aureomycin may be of definite value in this disease," the doctors point out.

New Bulk Laxative Effective for All Ages

Gastrointestinal disorders (constipation and diarrhea), which medical authorities estimate affect 90,000,000 Americans, can be effectively controlled by methylcellulose, a comparatively new bulk laxative, Dr. H. Musick reports in a recent issue of the Oklahoma State Medical Journal.

Dr. Musick, who died before his paper was published, found in a test of 102 consecutive office patients that methylcellulose was effective against constipation and diarrhea in patients of all age groups, of both sexes, and all body builds.

In his clinical work with the 102 patients Dr. Musick found that 81 of them obtained almost immediate and full relief from their complaints. The paper adds, "it is interesting to note that no allergic reactions developed in any patient."

The methylcellulose administered was given in the form of half gram tablets of Cellothyl, which is a development of Chilcott Laboratories, and is described by Dr. Musick as non-toxic, passing through the digestive tract of humans virtually unchanged.

Dr. Musick's patients ranged in age from 11 to 75 years, and he found that methylcellulose was 74 per cent effective in persons between 60 and 80 years of age, 86 per cent effective in those under 60 and 84 per cent effective in those patients over 60.

He maintained that the treatment of constipation is not merely correction of diet and habit, particularly in persons over 60. He stated that the enema and cathartic habit must first be ended before normal bowel function can be achieved.

From that point on, Dr. Musick stated, normal bowel function can be obtained by a smooth diet, rich in vitamins, proteins, carbohydrates, fats and minerals together with a bulk laxative which does not interfere with the absorption of these foods.

The bulk laxative, Dr. Musick emphasized, should be non habit-forming and should produce no deleterious or toxic effects in prolonged usage. It was for these reasons, his paper reports, that he began the tests with methylcellulose, carrying them through 6,775 "patient days," or an average per patient of 66.3 days.

Finds Use of Drug Overvalued In Treating Multiple Sclerosis

Claims for use of drugs in treating multiple sclerosis, a disease of the central nervous system, seem to be unwarranted in many instances, according to a New York doctor.

"The outlook for cure of the disease by use of drugs is unpromising and the outlook for symptomatic relief by drugs is less optimistic than would appear from the large number of reports which make claims of favorable effects," Dr. George A. Schumacher points out in the 7/29/50 issue of the JAMA.

Multiple sclerosis is marked by multiple lesions throughout the brain or spinal cord, or both, with resulting weakness and paralysis of the body.

"The claims for both types of drug therapy would seem in many instances to be unwarranted," Dr. Schumacher continues. "Frequently the approach to drug therapy, with several notable exceptions, has not been scientifically sound. In general the studies are insufficiently documented and the conclusions based on insufficient precise scientific data.

Hospital Standards and Supplies

Doctor Warns Against Too Much Citrus Juices

Drinking too much citrus juice may be detrimental to teeth and gums warns Dr. Henry Hicks in the Journal of the American Dental Association.

Moderate amounts of such juices are not condemned but Dr. Hicks states, "it would seem that more than two or three oranges or one grapefruit a week is excessive."

In some 50 cases, hypersensitive teeth, bleeding gums and loose teeth returned to normal when citrus juices were removed from patients' diets.

Blood Disorders Have Developed From Use of Antihistamines

Three cases of anemia and other severe blood disorders following the use of antihistamines were reported in the Journal of the American Medical Association.

The anemias are said to be of the kind in which the red blood cells are destroyed and are the first cases reported due to antihistamines taken over long periods. A few other cases involving too few white cells in the blood are also reported.

Individual Stencil Pads Available for Patients

An individual stencil pad which can be prepared for each incoming patient is now being marketed by the Wallich Laboratories of Los Angeles, California. The use of this stencil pad avoids the errors which may occur in hand recording of patients' names and addresses on charts, requisitions, and patients' record forms of all kinds.

The Wallich Stencil Pad consists of a stencil attached to an ink pad which, when placed face down on the record and rubbed on the back, leaves an impression of the information cut on the stencil. The pad may be kept in a chart pocket which can be attached to any chart holder.

The stencil pad can also be held at the Nurses' Station where it may be used to mark all charts and requisitions that originate there. If requisitions are required in duplicate the pad may be used to mark both copies—one copy to go to the accounting office as a charge slip.

When a patient is discharged the stencil pad is sent back to the admitting office where the ink pad may be reused after the original stencil is peeled off and discarded.

This system is reported to be simple and inexpensive. The stencils cost about three cents each and the stencil pads about twenty-five cents each in quantities. For further information write to the Research Department of the Hospital Bureau.

New Radioiodine Thyroid Test Proves To Be 95% Accurate

A radioiodine test for excess activity of the thyroid gland was reported in a recent issue of the American Medical Journal.

This test proved to be 95 per cent accurate in 152 cases of suspected hyperthyroidism, compared to 80 per cent accuracy for the blood iodine test and 67 per cent accuracy for the basal metabolism test. The radioiodine is taken orally in distilled water.

Some War Pointers For Your Consideration

With the uncertainties introduced by the Korean situation, it would appear the part of wisdom for all institutions to have on hand at least one full month's supply of all commonly used items.

Longer anticipation of needs is also in order, for example: Paper goods are now getting tight—at least thirty days allowance should be made for deliveries.

Prices have already begun to jump in some lines, such as: All textile prices have temporarily been withdrawn. Tea, coffee and sugar prices are rising.

However, an investigation of the general price situation was started recently by a Senate Committee. Steel, sugar, cotton, and other prices will be checked in an effort to uncover hoarding and profiteering. A congressional investigation of recent price rises throughout the country is also urged.

Despite the fact that neither business nor Washington want controls, they may be necessary if unreasonable price spreads are permitted.

For Your Information

Material is abstracted from research data at the Hospital Bureau of Standards and Supplies, 247 Park Avenue, New York 17, N. Y.

If you are a nurse in a non-profit hospital which is not affiliated with the Hospital Bureau and desire more information, write to the

EDITOR OF NURSING WORLD

468 Fourth Avenue, New York, N. Y.

Instrument Repair Service Offered At Low Cost

Repair and reconditioning of all surgical instruments will now be done by the makers of RUSTMAKER STAINLESS STEEL SURGICAL INSTRUMENTS.

This includes the servicing of any chrome-plated or stainless steel instruments which you now use or have on hand, regardless of brand.

Many members have inquired about such a service because of the high prices they now pay for it. RUSTMASTER has agreed to do this work at the lowest possible cost.

Borden's "Biolac" Seized After Babies Became Ill

"Viable organisms" were found by the Food and Drug Administration in a sample of the modified milk "Biolac" manufactured by the Borden Company, according to the Bureau's report.

Samples were picked up for analysis after six Pittsburgh babies were allegedly made ill from it. As the label described this baby food as sterile this constituted both mislabeling and adulteration. Forty-six thousand cans of the food were destroyed.

Diana Fyrban Shades Are Said To Help Reduce Fire Hazards

Probably no single group of institutions is more sensitive to the problem of fires than hospitals. One additional way to reduce the fire hazards in an institution is to eliminate pyroxylin shades and put in fire-resistant vinyl plastic shades.

The Bureau is handling such a shade under the name of Diana Fyrban.

Mrs. Post, chief nurse, sees that all incoming employees are given a strict physical examination and then records findings on permanent record.

Piped Music, Sunshine and Safety

Are Provided For Employees At The Chicago Florsheim Co.

IN laying out and building the new Florsheim Shoe Company plant, at 130 South Canal Street, in Chicago, every possible step was taken to insure the health, safety, and morale of the workers. The "acres of glass" provide a maximum of natural daylight for practically all factory operations; in many of the departments where daylight is especially essential for their operations, such as the grading of leather, daylight is provided on three sides.

Supplemental lighting is provided by means of the most modern in florescent lights, with specially designed fixtures to guarantee maximum reflection.

Strategic Points Protected

Wherever and whenever possible mechanical conveyors have been installed to reduce to a minimum the movement of unfinished goods by hand or by truck. The five working floors are covered at strategic points with overhead floor-to-floor lifts, and the entire fifth floor, where upper leather is cut and where the pieces are marked, skived, and stitched together, is covered end to end with an overhead conveyor that not only speeds up production and makes for better quality, but reduces fatigue by eliminating altogether the burdensome task of manual transportation, which formerly characterized this phase of shoemaking.

Employee's Health Guarded

Under the capable direction of Mrs. Fay Post, chief nurse, the health of the individual is safely guarded. All incoming employees are given a strict physical examination under the direction of Mrs. Post and attending physicians, and their medical background and present condition are made a matter of employment record.

The immaculate nurse's quarters serves not only as a dispensary, but also as an industrial hospital with better than 2-bed efficiency, and complete sanitation facilities for both men and women.

A careful check is kept by Mrs. Post of illnesses, and same are followed up, with periodical examinations, if necessary. Mrs. Post also serves as manager and chief dietitian of the factory cafeteria, which occupies the entire west wing of the third floor and is designed to serve in excess of 600 people.

In addition to the regular cafeteria service, offering a variety of tasty and nutritious luncheons, a snack bar has been provided for the dispensing of sandwiches, salads, soups, and deserts.

For relaxation, specially selected music is piped through the factory mid-morning and mid-afternoon.

The new Florsheim plant, providing over 300,000 square feet of factory and office space, is built in a U-shape, to provide maximum light in all factory departments.

Recreational Provisions

Such an arrangement leaves a broad expanse of roof fronting almost the entire length of the block on West Adams Street from Canal to Clinton. During late Spring and Summer, this will be transformed into a recreational area for the employees, with comfortable chairs, settees, tables, umbrellas, and probably game courts such as shuffleboard, table tennis, and possibly badminton.

A combination of real and artificial flowers and hedges will add beauty to the area, and arrangements will be made for the dispensing of soft drinks and light refreshments.

Heavy Lifting in Industry Can Cause Many Injuries

Don't Try To Lift It Alone!

by W. Schweisheimer, M.D.

LIFTING heavy loads is part of the routine job for the worker in many industries. Numerous injuries connected with lifting heavy burdens have been caused by lack of time.

A metal worker feels that there is not enough time to call for assistance in moving a heavy iron part from one room to another. He lifts it himself impatiently to "get it over with." Sometimes he even cannot resist the temptation to show off. This action places an excessive strain on his back, shoulders, abdominal muscles and the heart muscle.

Herein lies often the cause for a hernia, for leg troubles, violent backache and injured nerves. It also contributes to many a heart ailment.

Every industrial worker may, at one time or another strain himself by lifting heavy objects. Proper precautions should be taken against such injuries either by providing mechanical lifting appliances, or if lifting operations have to be carried out by hand, by providing suitable aids in order to reduce vertical lift as much possible.

Lifting Affects the Heart

A healthy heart, well trained by long systemical practice, will not revolt against extra-strain imposed upon it by lifting heavy loads. A man may be an excellent industrial worker without being athletically built. His heart may be strong enough for the average amount of work required in his job while it may suffer under an exaggerated strain.

We should never forget that the heart is a muscle, and the heart muscle may get tired and exhausted by overstrain just as arm muscles or leg muscles get tired.

Size up the load. Do not lift more than can be comfortably handled. Experts had figured out that working men should not lift loads more than 130 lbs. in weight, and that women should not lift loads of more than 65 lbs. for intermittent work and 50 lbs. for continuous work.

Raising a load from the feet is particularly difficult. Feet should be placed as close as possible to the object to be lifted. Another rule is: bend knees and keep back as straight as possible. Lift with leg and arm muscles, keeping the object close to the body. Repeated overstrain may produce an enlargement of the heart muscle.

Such an enlargement caused by excess physical exertion is sometimes referred to as Athlete's heart. Excessive exercise gives rise in a healthy man to signs of breathlessness, palpitation of the heart, giddiness, fatigue and exhaustion. Sometimes unpleasant pain in the region of the heart may result.

Normal Responses

Such signs are the normal response of the body to physical strain. Healthy workers in industry require considerable exertion before the feeling of distress appears. Weaker men require much less exertion.

The best advice is to avoid any overexertion and call a fellow-worker for assistance when lifting heavy loads. If it is a heavy job, get help. When two men are handling the same object, predetermined signals should be used and warning should be given when one worker is about to relax his grip.

A worker who feels that he has overstrained himself should stop and get proper rest. Of all remedies and cures, this is the best way to bring the heart back to normal.

An industrial worker overstretched his right arm while he was carrying a heavy load, probably in connection with a brisk movement. The next day he felt a dull pain in and below his right shoulder.

An important peripheral nerve had been under pressure because of the heavy weight of the unusual load. The man could not move his arm in the normal way either; movements of this arm were weakened. Numerous kinds of treatments were used, even a cure in a spa was carried out, but the condition did not improve for many months.

The nerve fibres which join muscles and brain are often wrapped in a good layer of fat or connecting tissues. Yet, on the other hand, those nerve strings are located more superficially. Where they are close under the skin, strong pressure may well hurt and injure the nerve fibers. Traction on the arm, an unfortunate fall on the shoulder, and especially prolonged pressure exerted on the shoulder region from above by a heavy load, may affect adversely one or several nerves.

The muscles in that particular part of the arm then feel weak. They may lose their natural strength. The arm or the hand may become paralyzed after some time.

A typical nerve injury due to heavy lifting is that of the long thoracical nerve. This nerve which goes to the muscles of the shoulder is rather exposed to injuries.

When the nerve has been injured by excessive strain such as carrying a heavy sack, it may take quite some time until full recovery will be restored. In most cases, proper treatment and avoiding the lifting of heavy burdens will restore the normal function of the nerve.

Cause of Backache

Industry as yet has not fully awakened to the tremendous cost of the disabling back, nor are any general preventive measures being adopted. Such is one of the conclusions drawn by Dr. R. T. Johnston in his extensive study on back injuries that occur in industry. True, he says, while these preventive measures are not so simple as merely installing ventilation or exhaust systems, the incidence of the disabling back can undoubtedly be reduced.

The onset of acute backache, also called lumbago, may be dramatic in its extreme suddenness. We see a worker lifting a heavy load, obviously too heavy for his physical strength. This means an excessive strain to the muscles of his back, some of the muscle fibers may rupture, and the worker is struck suddenly with agonising pain in the small of the back.

No movement is possible, frequently the victim of the attack has to lay down on the floor and cannot get up by him-

sell. After some time the pain eases. He can move again. In other cases he is not as fortunate, he cannot move by himself. Particularly is this true when working in a stooped or twisted position. A sudden movement may be sufficient to injure his back muscles. No pathological change can be discovered in the back; severe neuralgic pain is the only symptom and it is due to the difficulties in moving.

Recently many cases of industrial backache were seen by Dr. E. Loopesko, Sierra Madre, Cal. He considers the shortening of tissues in the back (fascial ligamentous structures) as the main cause of the ailment. His treatment consists of loosening up the contracted tissues. There are many factors that cause shortening of those tissues such as an excessive strain which causes tear of the fascial fibers; lesions of bones and joints; poor posture, etc.

The average length of treatment in these cases, before full release, was 10.2 days. Two-third of the cases were kept at work without any loss of time. Many of these were assigned light duty for short periods, and compensation for absenteeism was not necessary. One-third of the cases of backache were off work as a result of disability, the mean period of time here being five days.

Though an aching back is a highly acute and disabling condition, it may return to normal rather quickly, particularly with proper treatment.

However, there is every reason not to repeat the heavy exertion for a long time, since people who have once suffered from lumbago are liable to a recurrence for several months or longer.

Heat flavors the regeneration of the nerve and muscle fibers, and in many cases relieves the pain immediately. A newer method of treatment is epidural injection of procaine hydrochloride, which in many cases seems to bring about immediate relief of pain, also tenderness and limitation of movement.

To avoid such occurrences, don't twist the body when it is necessary to change direction. It is better to lift the object to the carrying position and turn the whole body including the feet.

Knock knees and other leg conditions are not as prevelant now as in former times. The improvement of this condition is due to the fact that industry employs mechanical devices, eliminating unnecessary lifting and straining.

Many jobs can be undertaken more satisfactorily by means of some form of mechanical aid. Where this is not possible, the best means of lifting the loads by hand have to be decided, taking into account whether construction of platforms, racks, benches or similar aids would reduce the amount of vertical lift required.

Continuous standing at hard work and lifting heavy loads may cause flat feet. Desk workers and taxi drivers are hardly hampered by this kind of foot trouble.

Industrial workers, however, whose work requires them to be on their feet many hours, may suffer from pain in foot and back, cramps in the calves, and burning sensations in the soles of the feet unless something is done to relieve the trouble.

The feet have to carry the weight of the whole body. By adding heavy overweight in lifting loads, the arches are pressed downward. After frequent repetition of this strain they stay down, —flat feet have developed.

In many cases the best way is to use arch supports in one form or another. Thousands of people have had good results with this method. There are factory—made arch supports of different sizes and shapes. Some workers may require an individual support constructed especially to fit their foot.

It is also advisable to provide non-slip material for the floors in the area where lifting operations are carried out. Before lifting and carrying heavy material, it is necessary to check the route to be travelled for the detection of tripping hazards and underfoot conditions.

An industrial worker carried a heavy case from one room to an adjoining room. He felt a sharp pain in his left groin. An immediate medical examination revealed the presence of a hernia, at the site of the pain.

That sounds simple, but it may be very difficult to find out whether the worker actually suffered the appearance of a fresh hernia, or whether the hernia was present for years and had now grown worse, as a possible result of the strain. Undoubtedly more medical check-up and a lot of paperwork will have be done before the compensation of the case can be determined.

A hernia or rupture is a protrusion of a loop of intestine through a weak spot on the muscle wall of the abdomen. This loop cannot be seen as it is covered with skin and fat. All we can see is a small lump under the skin. Normally the abdominal muscles are one firm wall. But sometimes there are small gaps between the muscle fibers. Here the content of the abdomen may press forward in the groin or just below the groin on the thigh.

Inguinal hernias are much more common in men, while femoral hernias are more common in women, and umbilical hernias are much more frequent in children, particularly infants. Most industrial hernias are of the inguinal variety.

A report, by Drs. McGee and Cregar, on gastro-intestinal diseases among industrial workers, has shown that 23 percent of the absenteeism resulting from those diseases were due to hernia and related conditions.

A violent exertion, a sudden strain or lifting and pushing a heavy load may enlarge the gap and produce a hernia. Those who have a disposition to hernia should be careful not to over-exert himself. Trusses are not always sufficient to keep the hernia back. In quite a few cases, an operation becomes necessary to restore full working capacity and efficiency to a man suffering from a hernia.

If a worker feels unfit to perform weight lifting operations, he should report immediately. People are more prone to accidents and injuries caused by muscular strain when they are slightly indisposed. Lighter work should be provided for these occasions.

The employer who makes a careful study of the hazards peculiar to his own factory, or shop where lifting operations are undertaken, can take the necessary steps to prevent this common cause of injury.

Experienced workers can do much good by demonstrating the correct methods of lifting to their less experienced fellow-workers.

What A Revision Of Curriculum Can Do

(Continued from page 407)

her to provide total nursing care for her patients as she enters the clinical period.

As soon as the subcommittee had made its study of the nursing arts course, a report was made to the Curriculum Committee. This committee is comprised of the associate director in charge of nursing education, (the Chairman) and "members representing the various areas concerned with student welfare, education and clinical instruction."

Further recommendations came from this group and after the acceptance of the report, it was presented to the faculty of the school for approval. The approval was unanimous and the new program has been instituted. It is too early to evaluate these changes.

A review of the content of the nursing arts course and an increased understanding of the philosophy and objectives of the program was perhaps one of the greatest benefits derived from this study.

Industrial Nursing Q&A

D. Louderman Roser, R.N.

1. QUESTION: *Occasionally, the subject of discussing an employee's personal hygiene such as bad breath, body odor, etc., comes up. I have talked with various employees on this subject. Some are receptive, others are not in the respect that they feel the "fellow next to him" should have discussed the matter with him rather than have the nurse approach him on the subject. What is your opinion on this matter?*

Industrial R. N.

ANSWER: This is a problem that has come up time and time again in industry, and is of much greater importance than many people suspect. It not only involves the offending employee but it definitely concerns people working with this employee. It is like discussing the weather—everybody talks about it, but nobody does anything about it. The general attitude seems to be "Let George do it." Many industrial nurses share this general reluctance to take a hand in the problem and as a result generally side step the whole issue.

Yet when we consider this situation, we are forced to admit that since bad breath, body odor, etc., usually result from lack of personal cleanliness and proper hygiene and since cleanliness and hygiene are definitely of concern to the industrial nurse, then it must follow that the nurse is a logical candidate to handle these types of problems.

It is also well to note that some cases of body odor, bad breath etc., may be due to a physical condition of health in which cases the problem is still one for the Medical Department. With this in mind it can readily be seen that it would be unreasonable or unfair to scold or lecture the offending persons. They may be unaware of the cause or even of the condition. Since the great majority of people react very unfavorably to personal criticism, especially of this kind, the approach must be made with a great deal of thought, tact, and diplomacy. This means that the industrial nurse should know something about the persons with whom you will talk to about the conditions. What type of persons are they? An approach used successfully with one type of individual will fall flat if used on a different person.

Many times an indirect and apparently accidental opening of the subject at an opportune time has proven to be the best method of handling the situation. But whatever method is decided upon, the situation should be acted upon and remedied.

If such conditions are brought to the attention of the nurse by complaints of other persons, it is most important that the nurse never disclose the sources of such complaints in order to prevent bad feelings between the offending employees, their supervisors and co-workers.

2. QUESTION: *Is there a law in New Jersey requiring an industry to employ a nurse? I have been working for a small industry having on an average of 115 employees for three and a half years. We have completed the past three years without a lost time accident. Because things have been running smooth they have decided to dispense with my services and have the personnel manager take my place and give first-aid to the employees. I would like to have your opinion of such an arrangement.*

Industrial R. N.

ANSWER: In answer to the first part of your question, there is no law in New Jersey requiring industry to employ a nurse.

The second part of your question is a problem that has confronted leaders in the Industrial Health field for a long time. As a matter of fact, small industrial and mercantile units far outnumber the large establishments. The need for medical care is no less urgent among the employees in small plants.

Unfortunately, many small plant employers feel that the cost of adequate medical care for their employees is too great for their particular establishment. These employers also feel that the great majority of cases coming to industrial first-aid rooms seek attention for "small" injuries. In reality, it is not sound nor practical to designate such injuries as "minor." Studies have shown that so called "small" injuries and conditions total up to a great deal of lost time, with a resultant drop in production and also lead in many cases to further industrial accidents. This, together with the ever present menace of infection definitely warrants that effective measures be taken by management to insure prompt and efficient care for seemingly minor injuries and conditions.

Will first-aid care provided by a personnel manager provide such efficient and prompt care? The answer is obviously, "no".

"First Aid" involves only emergency treatment. Under the state laws, it technically does not include any other medical or surgical service. Subsequent care of any medical or surgical case should not be administered in a "first-aid-room" or industrial hospital unless by or under the direction of a duly licensed physician.

It is of interest to note that in some of the important industrial states there exist no regulations regarding first aid and that in other states the regulations are so vaguely expressed that State Labor Officials are uncertain regarding their duties in this respect. Every State, however, imposes legal restrictions upon the practice of medicine and surgery. They all prohibit anyone other than a licensed physician from rendering medical or surgical service except in an emergency. They also allow a duly qualified nurse to do those things which her training and experience qualify her to do, but usually with a provision that even these must be under the supervision of a doctor.

Experience has shown that failure to use caution in these matters has resulted in legal difficulties, both for management of the organization involved and for the first-aid attendant immediately responsible for the violation of the law or negligence in the treatment of employees.

Send Your Questions

We would be pleased to receive questions regarding any phase of Industrial nursing. Only questions of general interest will be published. However, all inquiries will receive a personal reply. Address your questions to:

Industrial Nursing Q and A
Room 902, 468 Fourth Ave.
New York 16, New York

Industrial Health News

How To Improve Nutrition Of Industrial Workers

A three point program for improving nutrition of industrial workers is recommended to industry by the American Medical Association's Council on Foods and Nutrition and the Council on Industrial Health. The program includes:

1. Use of plant facilities to make available foods well selected and prepared in the light of modern nutritional knowledge.
2. Support of nutrition research.
3. Campaigns to teach how to select a good diet.

These measures, the councils point out in an article in Archives of Industrial Hygiene and Occupational Medicine, published by the A.M.A., are superior to indiscriminate, mass administration of vitamins, a "practice which supports the commercial exploitation rather than the scientific, rational use of these important dietary factors."

Such mass administration of vitamins is unwise nutritionally because special vitamin preparations cannot take the place of valuable natural foods in achieving the completely satisfactory nutritive state, the councils say, adding:

"Concerns that are interested enough to consider spending large sums of money just to buy vitamin pills for their employees could render a valuable service to their industry and section of the country if they would use this money to support research on this question (nutritional deficiency) in their plants.

"Numerous suggestions can be offered for constructive action that business executives might take now in relation to this question pending the completion of the researches just mentioned.

"Industrial plants might assist more than they do in the educational work that must be done. They might be used for the display of posters and the distribution of literature that teach how to select a good diet. Organizations of employees could well be enlisted in a campaign to educate the individual workers in such matters and through them their wives could be encouraged to attend the various nutrition classes established in the communities throughout the land.

"The use in the plant of machines that dispense bottles of milk could be studied to determine its value for the plant in question. Through health department officials, the management of any plant may readily secure advice and assistance in improving the general nutrition of workers."

Dr. Sees Educational Lag In Industrial Medicine

The possibilities of health education and health counseling techniques as part of industrial medicine have not been fully developed, a New York City medical director points out.

Writing in the August 7, 1950, issue of the Rhode Island Medical Journal, Dr. John J. Poutas, Lever Brothers Company, says in part:

"It is a rare clinic visit which cannot be used as an entering wedge for good sound health counseling such as all doctors do in their office.

"A most important part of any industrial medical program is the anticipation, recognition, prevention and control of industrial hazards according to Dr. Poutas.

"The nurse plays a major role in an industrial medical program. Many industries provide no service other than that offered by a nurse.

"In many instances where part or full time medical personnel is available, the nurse screens out those employees whom she judges should see the physician.

"In these decisions she is expected to be capable of independent professional judgment and should be acting in accordance with the written standing orders of a physician supervisor.

"The physician in industry should take the time to discuss interesting and important cases with his nurse. Only in this way will she be able to provide him and the employee with the necessary and important follow-up service.

Safety Aids For Your Accident Prevention Program

For maximum benefits and minimum dangers in the functioning of your plant, these suggestions are offered in an article in the July issue of Loss Control, American Mutual Magazine.

One of the aids to a safety program that it is often well to adopt in the initial stages is the "safety suggestion system." Adopting this aid in the early stages proves profitable because a suggestive system has the quality of creating workmen's interest on a large scale in a relatively short period of time, according to Mr. G. D. Lloyd, American Mutual Liability Insurance Co.

In his article "Safety Aids For Your Plant's Accident Prevention Program," Mr. Lloyd reports that the "Safety Suggestion System" has the additional quality of conveying executive management's interest in safety, since it is itself tangible evidence of that interest.

"It is also essential to the success of the suggestion system, however, that it be clearly understood by the workmen that the Company will not consider their suggestions as complaints or criticisms; that they will not be discriminated against for saying or writing what they think; and, that any suggestions they submit will receive impartial and careful consideration and will be given proper credit.

"This recognition of the value of the safety suggestions adopted is often in the form of a promotion, an increase in salary, a prize, a bonus, or a cash payment.

"The maintenance of this special suggestion system produces the best results since it makes it easier for the workers to submit their suggestions.

"It is also essential that some one person in a position of responsibility and authority exercise careful supervision over the system. However, this one person should not be vested with full authority to accept or reject suggestions.

"The final decision as to the value of the suggestions should be the responsibility of a suggestion committee. Members of the committee should serve on a rotating basis and should be carefully selected, in view of the importance of selecting personnel in whom the workmen believe and have the greatest confidence.

Furthermore the suggestions submitted should be collected regularly and frequently and the suggestors should be notified promptly as to the company's decision with respect to the merits of the suggestion. This should be done regardless of the fact that the suggestions submitted may not be adopted.

Announcement

The New York Industrial Nurses' Club, The New Jersey Industrial Nurses' Association and the Philadelphia Nurses' Association will hold the second annual Tri-State Regional Conference on October 28th and 29th, 1950, at the Hotel Roosevelt, New York City. Registration will begin at 9 a.m. Saturday, October 28th.

More Sleep for the Patient

(*Continued from page 421*)

eration is the conviction on the part of the nurses that the plan so pleases the patient that it is worth extra effort on their part.

Our medical staff is also enthused about this system. It is true that doctors who make early morning rounds might find their patients are being given their a.m. care when they enter, and their rooms not yet in order.

Doctors Pleased With Change

The doctor is generally accompanied by a supervisor in making his rounds. If he is giving treatments, the nurse merely delays her routine and assists in the treatment. The doctors have been glad to accept whatever slight inconvenience caused them in view of having a more satisfied patient.

The writer reported this procedural change in an article published in the June, 1950, issue of *The Modern Hospital*. This article caught the eye of many newspaper editors and was given considerable publicity.

The results, as indicated by newspaper and radio reporters and by letters, showed a very great desire on the part of the public to be shown the same consideration and comforts that they received in their own homes.

It would seem from the response that the public had a real resentment against being compelled to take a bath and use a bedpan several hours before their normal rising time.

How the Public Feels About It

The response also indicated that the public remembered this facet of their hospital care more than they remembered the skilled scientific treatment they undoubtedly received.

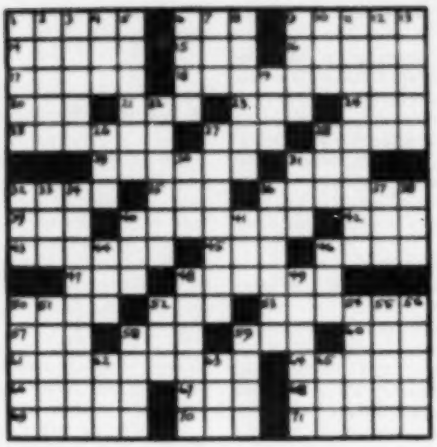
It is perhaps unfortunate that people put so much emphasis on their creature comforts and so little emphasis on the fine medical and surgical care they receive in most hospitals.

However, since this is the case, hospitals who wish their discharged patients to become enthusiastic supporters should recognize the fact, because it has been our experience that patients, particularly those who had been hospitalized under the old routine, were most grateful and pleased at being allowed to sleep until seven a.m. They expressed their gratitude for a change in routine designed for their comfort which proved that the hospital was treating them as individual human beings, not as case numbers.

Medical Crossword Puzzle

By Alan A. Brown

(*Solution on page 436*)



ACROSS

1. A triangular space
6. Intestine
9. Pertaining to the ectoderm
14. Feebleminded person
15. Alcoholic beverage
16. Swelling
17. A fissure of the brain (pl.)
18. Pertaining to the larynx
20. Kathodal closing tetanus (abbr.)
21. Telephone (abbr.)
23. Combustible gaseous mixture
24. Xenon, glucinum (symbols)
25. A slender probe
27. A stomach
28. A source of estrogenic agents
29. Serviceable
31. Toxoid-antitoxin mixture (abbr.)
32. Top of any conical part
35. Reticulo-endothelial system (abbr.)
36. A thin scale
39. A metal
40. Giggle
42. Dose
43. Resists chemical disturbance
45. Lithium, sulfur (symbols)
46. Relating to the blood (prefix)
47. Pinch
48. Part of the eye
50. On the outside (prefix)
52. State or condition (suffix)
53. Ovary (comb. form)
57. Disordered action of the heart (abbr.)
58. Any baglike organ
59. Ear, nose and throat (abbr.)
60. Female sheep
61. Surgical removal of the ileum
64. Silly
66. A bacillus named for its shape
67. Regret
68. Collapsed
69. Great commissure of the brain
70. A dental degree (abbr.)
71. Kind of pitcher (pl.)

DOWN

1. A circular organ (pl.)
2. Substance extracted from organic matter
3. In a lilting manner
4. Tincture of opium, carbon (symbols)
5. Substance in milk (pl.)
6. The bile
7. The gum
8. Pertaining to the back
9. A tooth
10. Erbium, deuterium, glucinum (symbols)
11. Examine again
12. Elegy
13. Summons
19. A frambesial sore
22. Eternal (poetic)
26. Metric unit of illumination
27. Organ whose function is to exert physical force (pl.)
29. Sheet rubber used in surgery
30. Iron, iodine (symbols)
31. A black viscid liquid
32. Antitetanic serum (abbr.)
33. A pockmark
34. Eruption upon a mucuous surface
36. Any pathological break in tissue
37. Nitrogen, ammonium (symbols)
38. Derivation (prefix)
40. Left sacroposterior position of fetus (abbr.)
41. An outfit
44. Prefix denoting life
46. Happening
48. Philippe . . . . . famous French physician
49. Perceive
50. Decree
51. Normal heat of the body
52. Saturated (abbr.)
54. Lift with exertion
55. Proprietor
56. Bamboolike grass (pl.)
58. Scandium, arsenic (symbols)
59. Organ of vision (pl.)
62. Embryology (abbr.)
63. Mire
65. Sodium, tungsten (symbols)

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REGISTERED NURSES wanted for general duty, obstetrics and surgery in 70 bed General Hospital in south-central Kentucky. $10.50 per day plus uniform laundry. Write or call Director of Nurses, Somerset City Hospital, Somerset, Kentucky.

CLINICAL INSTRUCTOR-OPERATING ROOM: Must have at least 30 college credits in Nursing Education. 41½ hour week. Salary starts at $320. 190 bed hospital. Affiliated with University of State of New York Medical College at Syracuse University. Apply Director of Nursing, University Hospital, Syracuse, N. Y.

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GENERAL DUTY NURSES:—for new 10 bed general hospital, well equipped, 48 hour week; rotating shifts; salary $150.00 per month, plus lodging, meals while on duty, and uniform laundry; 21 days paid vacation with 12 days annual sick leave. Apply Superintendent, Everglades Memorial Hospital, Pahokee, Florida.

SURGICAL SUPERVISOR — Degree and preparation in supervision in surgery required. 5 day week, 8 hour straight time day, no call—week ends off. Paid vacation and sick leave — Social Security — Blue Cross Hospitalization. Apply Director of Nurses, French Hospital, 4131 Geary Blvd., San Francisco, California.

WANTED—Registered Nurses, trained in **TUBERCULOSIS** Nursing (Men and Women), for State Hospital assignments as Head Nurse at $290 to $297 per month, or Supervising Nurse at $230 to $249 per month. Nurses with special qualifications may be started above the minimum range. Opportunity for advancement. Excellent retirement and insurance plan. Meets approved employment standards of State Nurses' Association. Write: Division of Personnel Service, Department of Public Welfare, Springfield, Illinois.

IMMEDIATE OPENING for the fall term, for Educational Director. The Hospital is connected with a large clinic, and is located in the capitol city. A new addition is being added to the hospital this summer. For detailed information apply: Box 186, Nursing World, 445 Fourth Avenue, New York 16, N. Y.

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THE MEDICAL BUREAU

Burnette Larson, Director
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Chicago, Illinois

(a) **ADMINISTRATOR;** hospital for convalescents; program being reorganized to care for other types of patients; around 50 beds; residential town, East. $1000-$4000, maintenance. (b) **ADMINISTRATOR;** small hospital, Alaska. (c) **ANESTHETIST;** to join staff of well known clinic founded by famous surgeon; university medical center. (d) **ANESTHETIST;** new hospital beautifully located in Alaska, transportation from Seattle. (e) **ANESTHETIST;** large general hospital serving community of 40,000, island in Pacific, temperature averages 51° F year-round; healthful climate. (f) **DIRECTOR OF NURSES;** new tuberculosis unit currently under construction; tuberculosis experience desirable; substantial salary including apartment; large city, Midwest. (g) **DIRECTOR OF NURSES;** small general hospital to be opened for operation in October; all-graduate staff, fashionable summer resort town, East Coast. (h) **DIRECTOR OF NURSES AND ASSISTANT DIRECTOR OF NURSES;** large general hospital serving community of 40,000, island in Pacific, temperature averages 51° F year-round; healthful climate. (i) **GENERAL DUTY NURSES**—Two; general hospital operated by large industrial company; small town, short distance from fashionable winter resort of 200,000; $1095, complete maintenance, with quarters in air-conditioned home provided at $15 monthly. (j) **EDUCATIONAL DIRECTOR AND, ALSO, SCIENCE INSTRUCTOR;** general hospital, 150 beds; town of 40,000 near Chicago; $200, maintenance. (k) **INFIRMARY NURSE;** junior college, Middle West. (l) **INDUSTRIAL NURSE;** duties include clerical duties incidental to industrial nursing; experience desirable, Chicago. (m) **OFFICE NURSE** to assist group of physicians specializing in industrial work, Chicago area. (n) **SOCIAL AND HEALTH DIRECTOR,** fairly large general hospital; vicinity New York City. (o) **SCHOOL NURSE** to supervise health department of public school system, vicinity Washington, D. C. (p) **MEDICAL SUPERVISOR;** department of fifty beds, 300-bed hospital; college town, Middle West. (q) **OBSTETRICAL SUPERVISOR;** general hospital averaging 200 patients; department averages 40 patients; interesting location, California. (r) **SUPERVISORS** for operating room and pediatric departments, large teaching hospital; university center, East. (s) **OPERATING ROOM SUPERVISOR,** and, also, **INSTRUCTOR IN CHARGE OF EDUCATION PROGRAM; INCLUDING INSTRUCTOR IN NURSING ARTS;** modern hospital operated under American auspices, Asia. For further information, please write Burnette Larson, Medical Bureau, Palmolive Building, Chicago.

SUPERVISOR—Anet., Obs. Salary open. Provision can be made for living in. Write Director of Nursing, Middlesex General Hospital, New Brunswick, N. J.

IMMEDIATE VACANCY for Clinical Instructor for approved School of Nursing. Four hundred bed general hospital. Vacation and sick leave policy. For details, apply Personnel Director The Christ Hospital, Cincinnati, Ohio.

STAFF NURSES: part or full time in specialized hospital connected with University in Philadelphia area. Opportunity for furthering education qualifications at the University. For detailed information apply: Box 174, Nursing World, 468 Fourth Avenue, New York 16, N. Y.

GRADUATE NURSES, Junior Staff for general duty, maternity and infant care, beginning salary $200.00 for 44 hours per week, with increase in six months, one year, and two years. $25.00 differential for evening and night duty. Apply Superintendent of Nurses, Maternity Hospital, 638 South Kingshighway Boulevard, St. Louis 10, Missouri.

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DIRECTOR OF NURSING: East, 116 bed hospital, fully accredited, university affiliation. This is a fine opportunity for an experienced executive with a sound educational background. Hospital has unusually liberal personnel policies. $4500-5,000 plus a very pleasant apartment.

MEDICAL SUPERVISOR: 250 bed hospital, fully accredited. Duties are to administer the medical unit of 27 beds and 24 beds for communicable and infectious diseases. Will also teach course in Medical Nursing. $2000-2600 plus maintenance.

OPERATING ROOM SUPERVISOR: Middle West. 200 bed hospital, fully approved. Operating room modern and well staffed. $200-250 plus maintenance.

NURSE ANESTHETIST: East. 150 bed hospital, fully approved. Has both a Medical School and Nurses Training School. $250-450 plus maintenance.

OBSTETRICAL SUPERVISOR: 92 bed hospital located in a very pleasant city of 21,000, centrally located—good transportation facilities to Chicago and other large mid-western cities. $200-250 plus maintenance.

PUBLIC HEALTH NURSE — SUPERVISOR: Will have full charge of 3 staff nurses engaged in a generalized public health program. Must have degree or certificate in public health nursing. $200-250 with increments every 6 months.

Positions Open

WANTED: General Duty Nurses; tuberculosis hospital; South. Starting salary fifty per month with full maintenance, 44-hour week. Opportunity for promotion. Apply, Director of Nurses, Mississippi State Tuberculosis Sanatorium, Sanatorium, Mississippi.

GRADUATE NURSES, Junior Staff for general duty, beginning salary $300.00 for 44 hours per week, with increase in six months, one year, and two years with $10.00 differential for evening and night duty. Nurses on psychiatric service receive $10.00 differential for evening and night duty. Apply Superintendent of Nurses, Barnes Hospital, 600 South Kingshighway Boulevard, St. Louis, Mo.

NURSES WANTED: Registered Graduate $2,100 and maintenance. Qualified Undergraduate $1,680. 5 day week, annual increase, vacations and sick leave. Suffolk TB Hospital, Holtsville, L. I., N. Y.

STAFF NURSES—Floor duty and Surgery. Salary $215-$250. 40 hour week—$10 additional paid for evening, night and surgery nurses. Apply Director of Nurses, French Hospital, 6131 Geary Blvd., San Francisco, California.

NURSES: General hospital 65 beds. Good personnel policies with liberal vacations and new nurses' home. Salary $210-$235, moderate maintenance deducted. Bonus for evening and night duty. Apply—Director of Nurses, Lake Forest Hospital, Lake Forest, Illinois.

REGISTERED NURSES: (a) Office Nurse; interesting opportunity with well-established pediatrician. Pleasant community adjacent Pacific resort communities. $3000; attractive working conditions. (b) Charge Nurse; Out-patient Department, 200-bed tuberculosis hospital Indiana college town. $3000 yearly plus maintenance. (c) Office Nurse; for physician with active general practice and his own surgery. 5½ day week. $2600 plus annual bonus. Michigan resort region. WOODWARD MEDICAL BUREAU, 161 North Wabash, Chicago, Illinois.

STAFF NURSE: South America; modern hospital, excellent location on west coast. Salary $325 per month; transportation paid. WOODWARD MEDICAL BUREAU, 161 North Wabash, Chicago, Illinois.

SURGICAL NURSES: (a) 200-bed approved hospital southwestern, university and resort town. $3000 yearly. (b) Instrument Nurse; small approved hospital, eastern college town. $2000 maintenance. WOODWARD MEDICAL BUREAU, 161 North Wabash, Chicago, Illinois.

GENERAL DUTY REGISTERED NURSE for Labor and Delivery Room; Nursery and Central Supply. Vacancies also in medical-surgical nursing. Salary $145 and maintenance, or $165, one meal and laundry. $5 additional for 3-11; 11-7 duty. Two weeks' vacation after one year. Apply: Superintendent of Nursing, Alexandria Hospital, Alexandria, Virginia.

GENERAL DUTY NURSES: $205 to $230 gross salary, $10 evening and night bonus. 44-hour week. Liberal personnel policies. 122-bed general hospital, 30 miles from New York City. Write Director of Nursing Service, Morristown Memorial Hospital, Morristown, New Jersey.

REGISTERED NURSES—For Jersey City Medical Center. General duty positions available immediately. Salary $2,000 per year plus full maintenance for experienced nurses in an attractive modern residence; 44-hour day duty and 40-hour evening and night duty. 12 National Holidays per year. Transportation to New York by bus or Hudson Tubes in 15 to 20 minutes. For complete information, write Director of Nurses, Medical Center, Jersey City, N. J.

NURSE, reg., professional, gen. duty. $189.00 mo., plus 1 meal daily. Provision can be made for living in. Add. Comp. for 3-11; 11-7 shifts. Write Director of Nursing, Middlesex General Hospital, New Brunswick, N. J.

WANTED—Graduate nurses, hospital administrators, dietitians and technicians desirous of relocating, interesting opportunities in all parts of America including foreign countries. For an individual survey of opportunities, meeting your requirements, please send for analysis sheet. Burneice Larson, Medical Bureau, 32nd floor, Palmolive Building, Chicago.

GRADUATE NURSES for general staff duty in 147 bed hospital. $215 monthly with $10 differential for evening or night shift. Apply Mrs. Ruth Garland R.N. Supt. of Nurses, Memorial Hospital of Natrona County, Casper, Wyoming.

NURSES—for 190-bed tuberculosis hospital affiliated with Western Reserve University. 40-hour week. Salary $240 to $270. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio.

ASSISTANT SCIENCE INSTRUCTOR: Bachelor degree required. General hospital with a School of Nursing. 44 hour week, 28 days vacation, 14 days sick leave, salary open. Write Director of Nurses, South Side Hospital, Pittsburgh 3, Pa.

EVERY LISTED PEDIATRIC SPECIALIST was questioned by an independent research organization about an article in the September, 1947, issue of the Archives of Pediatrics. These specialists were asked whether they agreed with the reprint material.

Of the pediatricians who believed their experience justified an opinion, 156—81.7%—replied yes to all three points in question.

4 out of 5 Leading Pediatricians agree that CREAM OF RICE

a | **gives "more available caloric energy"** than any wheat, rye, barley, corn, oat or "baby" cereal. Of the 227 pediatricians answering (a) definitely, 192—84.6%—said yes.

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Most Hypoallergenic, too

As reported in the April, 1948, Archives of Pediatrics (pp. 185-193), by Skobody, Umrascht and Hertzmark, "rice . . . shows the fewest allergic reactions of any cereal checked . . . Even children potentially allergic to rice have been shown to tolerate it well when it is cooked in the presence of moisture."

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Anesthesia Hazards

(*Continued from page 418*)

ieving that these chains maintain floor contact.

5. No conductive fabrics such as silk, wool or synthetic textiles of any kind such as sharkskin, nylon, rayon, nor orlon are permitted in the O.R.

6. Woolen blankets are strictly forbidden in the O.R.

7. The O.R. table must be covered with a pad of non-conductive material.

At least once a month the engineering staff and other personnel must jointly inspect and test the conductivity of floor intercouplers and functioning drag chains. A written record is to be made of the status quo in every instance.

No electrical devices of any kind are to be brought into the O.R. unless approved by the engineering staff. This applies to "pet gadgets" of the surgeon as well as to other personnel.

Electrocautery, electrocoagulation and other spark-giving devices are to be used only if, in the judgment of the surgeon, a patient's life would be jeopardized in the absence of such equipment. It rests upon the anesthesiologist to enforce all regulations since it is he who in the last analysis is chiefly responsible for the patient's life.

All of this reads well, and looks practicable *on paper*, but our guess is that enforcement can never be obtained outside of a strictly militarized institution. You simply cannot train civilians to meet any such obligations while they still remain civilians. When they are inducted into the military, and well trained, almost any rigidity is possible.

A second wager is likewise to be offered, namely: that nobody and no group is going to be willing to undertake such a regimen.

Here is the old cliché of the game and the candle. Are the benefits to be obtained worth all the fuss and feathers? Since we have now such excellent drugs as pentothal sodium, which can be used so well intravenously, will the trend of the new agents be *not toward*, but *away from* gases of all kinds? Even ether and chloroform may yet go into the discard. It is up to the chemists, through synthetic procedures, to invent drugs which are as harmless as it is humanly possible to make them, to experiment on animals, to remove any lethal factors, and then apply what has been learned to the surgical patient.

Are we coming further into the machine age, so far indeed that a robot may "see" the patient through his anesthesia? Not as yet, but a new gadget has just been invented which suggests the question.

At the recent convention of the A.M.A., San Francisco, California, a new machine invented at the Mayo Clinic was exhibited by Dr. Reginald G. Bickford, formerly an officer in the Royal Air Force, and now chief of the department of electroencephalography at Rochester, Minn.

This machine has been used successfully in more than 50 patients and is called a "servo-anesthetizer" nicknamed "the brain." Basically, the device depends upon the waves sent out from the human brain. Fine wires, the end of which are sharp, are bent to form hooks which are fastened painlessly to the scalp and thus carry brain waves from the skull to the machine. A sort of relay system, activated by the brain waves, controls the rate of flow into the vaporizer or vein.

One can arrange or plan to have a fixed amount of the anesthetic pass over into a vaporizer or into a vein.

When the effect of narcosis begins to flag, the automatic mechanism administers just enough renewal to carry an even load. In this sense the apparatus acts like the thermostat on your refrigerator which goes into action the moment a certain lower level is reached.

The report made to the A.M.A. meet-

(*Continued on page 437*)

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Detection and Prevention of Mental Disorders

(*Continued from page 411*)

makes for a one-sided orientation which may be the basis for some professional disunity. Further consideration of the characteristics of the extraverted or introverted personality indicates that a normally retiring, thoughtful, and creative person may be limited in psychological development consistent with original endowment by undue conformance to conventional forms of social activity, and a normally outgoing person may be limited by an environment where solitude thwarts expression.

We may note further that individuality means wholeness, uniqueness, indivisibility. Personality developed over a life time is the result of acquired modes of responses which are not necessarily in harmony with the constitutional predisposition of a person.

Deviations from mental health may be noted in "disturbances of personality" and "pathological alterations of personality" in degress of overactivity and underactivity. A mentally ill person may show exaggerated or significantly different behavior from that which characterized him before his illness and the earlier behavior may or may not have been a reflection of his individuality.

These then are a few of the considerations which any nurse may select at will and pursue further according to her interest in the promotion of wholesome living, the detection and prevention of a mental disorder, and the alleviation, cure and rehabilitation of a mentally ill person. Her contribution will be modified by the kind and degree of her own personality resources and limitations, and the direction which she has accepted in learning the dynamic aspects of observation and interpretation of behavior.

Further considerations will be included in a subsequent report of a workshop on the Dynamics of Human Relations in Nursing[4] which will give some of the applications to nursing of the dynamic considerations for individual motivations; resistance to change by rigidities (fixations) which maintain the status quo and stereotypes; the bases for subjective and objective relationships and compromise; the role and status of the nurse in society, and in the life of a patient and co-workers; the evolution of a nurses' own self-concept and insight; the identifications which interfere with or contribute to the rapport inherent in nurse-patient and nurse-co-worker relationships; and the ramifications of personal negative or positive identifications with authority which modify the development of normal independence.

Predictions for the Future

Nursing in the second half of this century will need to go hand-in-hand with the medical sciences which acknowledge the psychological era of medicine. Nurses have always accepted self-responsibility, however, at times in blind acquiescence. Initial awareness to such a limitation may tend to arouse strong denial of dependence and blind reliance on external authority. This may be noted in undiscriminating condemnatory statements, attitudes, and actions.

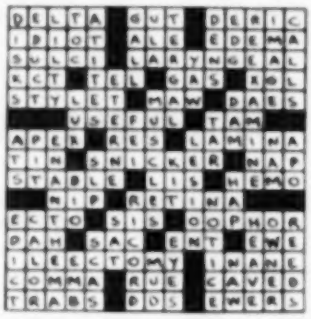
The study of the factors which are inherent in the psychological aspects of nursing are inherent also in a nurse's own self-concept and relative emotional maturity.

No easy task confronts the nurse who seriously undertakes to make herself the proper instrument for the collaboration with others in the work on the problems of mental welfare. A reward is in a greatly enriched life, and the satisfaction of contributing to the maturing of the nursing profession. Such growth will tend to be assured by the relevant efforts of each individual nurse who learns to know and to accept her own true self with all the assets and liabilities of human beings, and the measure of individual self-esteem then becomes also the measure of the self-esteem upon which a true profession is founded.

Bibliography

1. *Muller, Theresa Grace: The Nature and Direction of Psychiatric Nursing. The Dynamics of Human Relations In Nursing. Philadelphia, Lippincott, 1950.*
2. *Chayer, Mary Ella: Nursing in Modern Society. New York, Putnam, 1947, p. 100.*
3. *Chase, Stuart: The Proper Study of Mankind. An inquiry into the Science of Human Relations. New York, Harper, 1948.*
4. *Muller, Theresa Grace, ed.: Dynamics of Human Relations in Nursing Proceedings of the Workshop conducted at the Boston University School of Nursing, June 6 to 16, 1950.*

Solution to Crossword Puzzle on Page 430



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Change for the Better

(Continued from page 415)

food, like many other members of the community.

Hours of work, too, are being progressively reduced. For years, overlong hours made it difficult to recruit nurses, but it was impossible to reduce hours until hospitals were better staffed.

As recruiting improved, the Ministry of Health recommended that beds should not be opened until the staff position was sufficiently eased to bring the 96-hour fortnight well in sight.

Now the great majority of hospitals are running on the 96-hour fortnight, beds are being opened, and more girls are entering the profession.

These are the major advances; but they have been accompanied by improvements in almost every aspect of nursing. The old days of the nursing staff having to scrub the wards are over; in many hospitals, nurses have their own rooms cleaned for them. Hospitals have become more modern and more convenient, perhaps even more pleasant. Nurses' uniforms have been restyled and made both smart and becoming.

Britain's Ministry of Health has set out minimum standards for nurses' amenities to be aimed at in all hospitals, which include a library, reading room, tennis court, shampoo and ironing rooms, a quiet room for entertaining both sexes, and reasonable transport facilities to the nearest center if the hospital is isolated. Meals are prepared by trained dietitians.

Youth is the keynote of the modern hospital nursing staff: promotion is quicker than formerly, and recently three appointments of matrons in large London hospitals went to women under 40.

That is the picture inside the hospitals. Girls outside hospitals are getting to know how things have changed. A steady publicity campaign has played a great part in recruiting: mobile vans have gone to Britain's remote country districts with displays telling the story of nursing. Steps have been taken to bridge the gap between the minimum school leaving age of 15 and the lowest age of entry for training, which is 18.

Some girls remain at school or attend technical colleges for full-time pre-nursing courses. Others who need to begin earning money at once may take part-time courses for there are a number of hospitals in which there are cadets. These are girls under 18 who do various kinds of suitable paid work outside the wards.

Thus they secure an insight into the running of a hospital and at the same time are continuing their general education at a technical college. There are still many things to be achieved, but in Britain the outlook for the nursing profession is certainly brightening.

Anesthesia Hazards

(Continued from page 435)

ing by Drs. R. G. Bickford, Albert Faulkner, Jr., D. E. Soltero and Charles W. Mayo states that: "The automatic control is sufficiently accurate to maintain an uninterrupted state of anesthesia in animals for periods up to three days."

Dr. Mayo foresees the possibility of applying the new device to the study of neuro-psychiatric disorders.

The outlook according to Dr. Mayo is encouraging. He says: "Automatic anesthesia may even have a therapeutic value in certain mental conditions or physical states in which a constant degree of controlled rest and relaxation may be desirable."

But whatever happens, the human anesthetist will never be "out of a job" for no robot works long or well without human supervision.

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Therapeutic Diet Unit

(Continued from page 416)

number from the one in the diet kitchen.

A large window space over the sink would be ideal. Cross-ventilation can be accomplished through windows in the dining space.

Florescent lights installed under the edge of wall cabinets are a very good item for work convenience. These spaces are usually in the shadow, as overhead lights are obscured by the worker's body. Adequate lighting will result in greater efficiency and less fatigue among workers. Liberal window space is desirable, but if a basement is the location of the unit, artificial lighting is necessary. Semi-direct lighting which is located so that the light comes from above is best. A lighting intensity of 20 to 30 footcandles should be available for each working space.[1] Florescent lights have been used in many basement work rooms with great success.

Durability, resiliency, comfort for standing and walking, and ease of cleaning need to be considered in the selection of flooring.

Electric outlets are very necessary in several areas. They are needed for the refrigerator (1), the freezer (8), and the students' desk (17). Others are desirable on the steam table for a liquifying machine, to puree, and a beverage mixer. The dish warmer (9) can be handled by electricity or gas, depending upon the part of the country. So can the stove (5), coffee maker (11) and steam table (13). Mixers, beaters, and other equipment used on the counters (2) need outlets; another is necessary for a toaster (12) if one is planned for the cafeteria counter.

Summary

A plan has been presented incorporating space needed for clinical practice in Diet Therapy as a complete unit. Information on new advances in kitchen planning, covering work flow, work space, and arrangement of work centers has been utilized in the plan. Experiences derived from years of supervising this clinical area in several hospitals formed the background for discussing purposes and functions of a Therapeutic Diet Unit, and for the functional scope of the plan submitted.

1. *American Dietetic Association, A Manual for Teaching Dietetics to Student Nurses 1949, W. B. Saunders Co., Philadelphia, p. 119.*

Fashions and Grooming

(Continued from page 417)

opaque weights also interesting seersucker weaves, plus a *porous* Nylon woven on Jacquard looms, that has the look of a costly English men's shirting.

If you're price-minded—and who is not, these days?—Uniforms of fine cotton poplins and of acetate rayons are about $5.95, $6.95, and $7.95; the Nylons are about $12.95 and $14.95 . . . in good stores all over United States.

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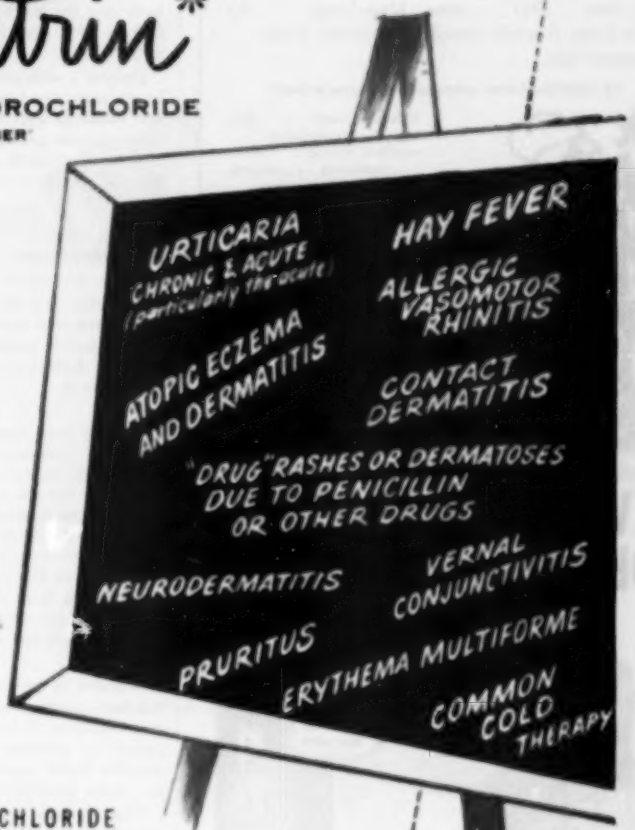

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REFERENCES

1. Gordon, Frank E., Zuckerman, Beth and Zuckerman, Orlando: Diatrin Hydrochloride, a New Antihistaminic Agent for the Treatment of Pruritic and Allergic Dermatoses. Ann. of Allergy, 7:674-678, Sept.-Oct., 1949.
2. Kugelmass, I. Newton: Antihistaminic Therapy of Allergic Disorders in Infants and Children. N. Y. State J. M., 48:2313-2318, Oct., 1948.
3. Gordon, Frank E., Zuckerman, Beth and Zuckerman, Orlando: Diatrin Hydrochloride: Clinical and Serologic Studies of a New Antihistaminic Agent. J. Invest. Dermatol., 13:139-148, Sept., 1949.

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News For Nurses

(Continued from page 400)

same as the all-time low recorded in the like period of last year.

Spectacular improvement is shown in the death rates for tuberculosis and for pneumonia and influenza, which are among the leading causes of death at the ages from which our military strength and the bulk of our industrial manpower is drawn. Since 1942 the death rates from these causes for the first half of each year have declined by nearly one half, that for tuberculosis from 41.6 per 100,000 in 1942 to 22.9 in 1950, and for pneumonia and influenza from 40.6 to 21.9.

Despite a widespread epidemic of respiratory disease early in the year, new low death rates for tuberculosis, pneumonia and influenza were recorded for the first six months of 1950. Rates for the principal communicable diseases of childhood as a group, syphilis, appendicitis, gastritis, and the complications of pregnancy and childbirth also are at an all-time low.

Announcements

The 78th Annual Meeting of the American Public Health Association and meetings of 32 related organizations in the field of public health and preventive medicine will be held in Kiel Auditorium, St. Louis, Missouri, October 30 to November 3.

The National Association of Colored Graduate Nurses will sponsor a Testimonial Dinner at the Essex House, Central Park South on the evening of January 26, 1951. All nurses and their friends are cordially invited to attend. Details regarding reservations and program will appear in a later issue. The NACGN plans for four regional conferences during October and November have been cancelled. Instead the Board of Directors and National membership will convene in New York City, January 25th and 26th, 1951. Voting on termination of the National headquarters and program will constitute the order of business.

A course in *Parasitology and Tropical Hygiene for Nurses* has been announced by the School of Tropical and Preventive Medicine of Loma Linda, Calif. Though designed primarily for graduate nurses who are going to the tropics as mission board appointees, the course will be valuable to any nurse interested in tropical public health.

The six-week study represents a full time program and includes instruction in parasitology, laboratory methods, tropical hygiene and sanitation, nutrition, and tropical medicine and nursing. It is believed that this is the first time such a course has been offered to graduate nurses in the United States.

"Extending Service Horizons Through Nursing Education" will be the general theme for the convention of the New York State League of Nursing Education, which will be held in Albany, October 19-20, 1950.

The convention is scheduled to open with a short business meeting to be followed by a symposium which is designed to introduce the several sub-topics of the overall conference theme. The sub-topics will be "Nursing Education in the Blueprint of Two Organizations," "Yardsticks and Signposts in Nursing Education," and "Accreditation and Classification."

From experience comes faith . . .

Every man's life is a series of falls and comebacks. Experience gained makes him better able to avoid mistakes, to achieve success. Experience teaches him where to look, which people to count on, what things to trust . . . where to place his faith.

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